

REQUEST FOR PROPOSALS

Grant Name: Nebraska Abstinence Education Program

Granting Agency: Nebraska Department of Health and Human Services,
Division of Public Health

Funding Source: Administration for Children and Families
Section 510 of Title V of the Social Security Act
(Abstinence Education Grant Program),
CFDA # 93.235

Project Period: July 1, 2011 – September 30, 2015

Request Issued: April 8, 2011

Proposal Deadline: June 1, 2011

Issuing Office: Lifespan Health Services Unit
Adolescent Health Program
Nebraska Department of Health and Human Services,
Division of Public Health
301 Centennial Mall South
Lincoln, NE 68509-5026

April, 2011

Dear Applicant:

Thank you for your interest in promoting abstinence education as the healthy choice for Nebraska's youth! The Nebraska Department of Health and Human Services, Division of Public Health, through its Lifespan Health Services Unit, is seeking grant proposals from public and non-profit organizations, and federally-recognized Native American tribes of Nebraska. Nebraska Abstinence Education Grant funds will be available for an initial fifteen-month period beginning July 1, 2011 to support planned activities proposed by Applicants. These funds are part of Section 510 of Title V of the Social Security Act (Abstinence Education), (Catalog of Federal Domestic Assistance # 93.235) recently reauthorized as a result of the federal Affordable Care Act (ACA).

This source of funding is not new. Nebraska's Abstinence Education grant funds were sub awarded to community-based groups beginning in 1997 and again in 2003. These first sub award periods focused on initiating a community level program for abstinence education. Now, with a new cycle of funding, we will build and expand upon these early efforts.

The attached document replaces the first Request for Proposals issued January 10, 2011 and cancelled March 4, 2011. A Letter of Intent to apply (LOI) must be submitted by **April 22, 2011** with proposals due **June 1, 2011**. Applicants are encouraged to review the new materials and carefully follow the instructions for preparing and submitting grant proposals as provisions for proposal content and requirements for potential sub grantees have been revised. To facilitate any questions that might arise from potential applicants, written questions will be accepted via email through **May 2, 2011**. Responses will be posted and updated frequently on the Lifespan Health Services web site at <http://www.dhhs.ne.gov/LifespanHealth/Adolescenthealth>. All the contact information is found in the following pages.

Thank you for your commitment in serving the youth of Nebraska.

Respectfully,



Joann Schaefer, M.D., Chief Medical Officer
Director, Division of Public Health

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Request for Proposals Nebraska Abstinence 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. (See Attachment 1 for a table of risk categories and indicators) 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 Abstinence Education.

Positive Youth Development: The phrase "Positive Youth Development" has several implications dependent on how the phrase is applied or used. The most common or obvious inference is to the *process* of adolescent physical, intellectual, emotional, social and spiritual growth, i.e. development. The *process* lasts as long as life and the experience is different for every youth. The goal or objective of all who work with youth is to support and assist them in a way that provides for a positive experience.

Positive Youth Development (PYD) can also be used to mean the way in which we support, provide and work with youth. PYD is an approach that emphasizes building competencies, life skills and fostering the sense of belonging and empowerment in youth rather than putting all our energy into "fixing" existing negative behaviors. PYD approaches incorporate a spectrum of developmental principles to achieve optimal outcomes in a broad range of practices within programs, organizations and initiatives. (See Attachment 2) Research has shown that linking the developmental "process" to approaches that support PYD principles and practices is the most effective way to impact youth behaviors and positive outcomes. In short PYD is the belief that adolescents are resources to be nurtured rather than problems to be fixed. Nebraska advocates

for Positive Youth Development approaches in all services, programs and initiatives affecting adolescents in ways that support the following principles:

- Ensure young people have healthy relationships with caring, supportive adults.
- Provide safe, stable and supportive surroundings to succeed and grow.
- Offer opportunities for youth to develop life skills.
- Promote clear expectations and high standards for all youth.
- Provide youth meaningful opportunities to participate in their community.

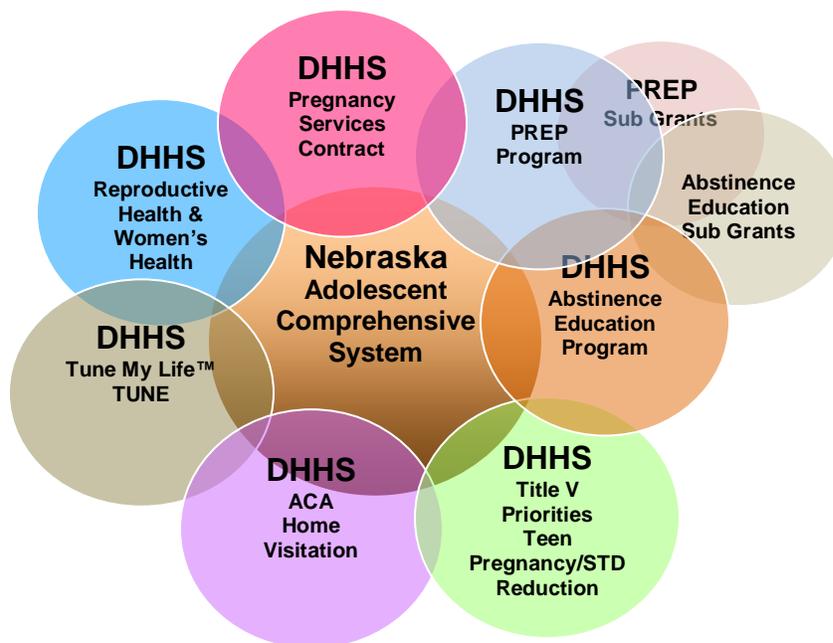
Nebraska Adolescent Comprehensive System: Nebraska communities reflect the diversity and uniqueness that is our state. Whether metropolitan, rural or truly frontier, each identifies and cultivates their own distinctive approach to building community strength and resolving issues. Building healthy environments that provide positive opportunities and experiences for youth is part of what makes every community unique. It is the coming together in a comprehensive manner to share resources and expertise that efforts to address issues and opportunities for youth are being accomplished effectively.

In the same way, Nebraska has begun the work of building a comprehensive system for adolescent health, development and well-being on a statewide basis. By sharing a common vision and sense of purpose we are able to address the allocation of resources to effectively meet the unique needs of adolescents and assist them in developing healthy life-long behaviors. The integration of partnerships and collaboration between and among people and organizations, both internal and external to the Department, provides a comprehensive mechanism that ultimately leads to effective programs, services and resources resulting in positive outcomes for adolescents.

To date Nebraska has identified the structure of its adolescent comprehensive system including the system domains or sectors and goals of each (see Attachment 3) and begun the work of identifying the indicators that will reveal whether or not we are achieving the desired outcomes for our adolescent population. By incorporating programming and services (including Abstinence Education) into a systems approach we are enhancing a structure that addresses adolescent needs from all “spheres of influence”, supports a holistic approach to meeting the needs of adolescents and builds capacity for addressing those needs in years to come. We are providing that continuum of preventive, intervention, youth engagement, treatment, and maintenance implemented throughout various settings in support of our youth. Incorporating these elements including youth asset building (positive youth development) can help enhance efforts to improve health outcomes for all adolescents and promote successful transitions into adulthood.

The following figure is one example demonstrating relationships and collaboration at the Department program level and how the Comprehensive System serves as the nucleus for establishing a shared vision and sense of purpose among programs and initiatives addressing teen sexual health. Applicants are encouraged to construct a similar diagram to assist in determining how their work plan upholds Nebraska’s Adolescent Comprehensive System and how relationships and collaboration among programs and services work together in their proposed service area.

Example: Comprehensive relationships and collaborations



Effective methods and best practices: Effective prevention methods and best practices share common characteristics that have been shown to produce positive results.¹ Of these, six principles are relevant to abstinence education. Projects developed for the purpose of abstinence education would address or include the following characteristics.

- **Comprehensive:** Multicomponent interventions that address critical domains (e.g. family, peers, community, school) that influence the development of youth behaviors.
- **Varied Teaching Methods:** Involves diverse teaching methods that focus on increasing awareness and understanding of problem behaviors and inquiring/enhancing skills.
- **Sufficient Dosage:** Provides enough intervention (contact hours) to produce the desired effects and provides follow-up as necessary to maintain effects.
- **Positive Relationships:** Provides exposure to adults and peers in a way that promotes strong relationships and supports positive outcomes.
- **Appropriately Timed:** Initiated early enough to have an impact on the development of problem behaviors and is sensitive to the developmental needs of participants.
- **Socioculturally Relevant:** Tailored to the community and cultural norms of the participants and makes efforts to include the target group in program planning and implementation.

¹ American Psychologist, *What Works in Prevention, Principles of Effective Prevention Programs*, June/July 2003

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. **The purpose of this federal funding is to provide abstinence-only education programs to promote abstinence from sexual activity until marriage**, with a focus on those groups who are most likely to bear children out of wedlock. These funds are allocated to the states based on a formula. Each state then identifies its priority needs and focal populations for abstinence education.

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 and areas of the state 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.

Activities to be funded must be “abstinence only”² rather than abstinence-plus³ and address all of the following eight elements of abstinence education as defined by law.

- A. Has as its exclusive purpose, teaching the social, psychological and health gains to be realized by abstaining from sexual activity;
- B. Teaches abstinence from sexual activity outside marriage as the expected standard for all school age children
- C. Teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
- D. Teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;
- E. Teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
- F. Teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;
- G. Teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and
- H. Teaches the importance of attaining self-sufficiency before engaging in sexual activity.

It is recognized that responses to this RFP will result in the development of programs with significant variation. Potential respondents should know that proposed projects or programs are not required to place equal emphasis on each of the eight elements of the definition; however, a project or program may not be inconsistent with any aspect of the abstinence education definition.

² Instruction promotes abstinence from sexual activity until marriage

³ Instruction promotes abstinence from sexual activity until ready and teaches birth control

B. Funding Period and Availability of Funds

Nebraska Department of Health and Human Services (DHHS), Division of Public Health requests proposals for a fifty-one (51) month period beginning July 1, 2011. Successful applicants will receive an award letter for the initial fifteen-month (15) budget period of the fifty-one month period. These awards will be based on the proposed program plan and supportive budget. 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. Detailed instructions for submitting requests for continuation awards will be made available to sub grantees sometime late Spring-early Summer of 2012.

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.

Federal Fiscal Year	State Project Year	Sub Grant Period
FY 2010	Year 1	July 1, 2011 through
FY 2011		September 30, 2012
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 projected amount of funds available for a twelve-month (12) period is \$194,550 to fund 3-5 proposals. Applicants should submit a budget based on this amount but calculated for fifteen (15) months to correspond with the state’s Project Year 1. Actual award(s) number(s) and funded amount(s) will be determined based on the application’s response to the funding priorities and requirements including proposed budget and work plans. Continuation awards of the funded proposals for years two through four (2-4) will be available based on the anticipated annual allocation of \$194,550. **Grant funds may be used to enhance/expand/initiate existing, new or corresponding programming and related activities. Grant funds may not be used to supplant (replace) existing funds in place to support current programs and related activities.**

DHHS reserves the right to reject any or all proposals, 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 proposal 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.

C. Timeline for Proposal Process, Review, and Notification*

Request for Proposal issued	April 8, 2011
Letter of Intent to Apply due	April 22, 2011*
Deadline for Applicant Written Questions	May 2, 2011*
State Responds to Written Questions	On-going through 5/4/11
Proposal deadline	June 1, 2011*
Proposal review	June 2-17, 2011
Notification of sub grant awards	June 24, 2011
Contingencies due	June 30, 2011
Final award letters	June 30, 2011
Project period begins	July 1, 2011*

* Confirmed dates; all other dates are approximate.

D. Program Preferences and Requirements

The purpose of this federal grant program is to promote abstinence from sexual activity until marriage. Nebraska will achieve this purpose through sub grants implemented on a statewide basis. Applicants should consider the following preferences and requirements in developing their proposals.

1. **Funding preferences:** Nebraska is committed to implementing abstinence education programming that is purposeful, strategic and comprehensively applied. Support for and application of the abstinence message is needed among all who engage with, provide for and support our youth. The following table is illustrative of the state’s preferences in meeting our strategic and comprehensive objectives through preference for applicants, settings and mechanisms under this RFP. Bonus points will be added to the evaluation score for applicants for each of the three categories listed with a total of 15 bonus points possible. The application of bonus points is further described in the “Review Criteria” found in Attachment 9.

Category	<u>Preferred</u>	<u>Acceptable</u>	<u>Least Preferred</u>
Type of Applicant	Broad-based statewide, regional or multi-county coalition, collaborative or formal partnership; tribal organization. 5 Points	Formal partnership among <u>local</u> entities or organizations 3 Points	Single entity or organization other than tribal organization 1 Point
Implementation Setting	Multiple communities located in three or more counties or tribal community located on tribal land. 5 Points	Multiple communities located in two counties. 3 Points	Single county/single community other than tribal community – 1 Point
Delivery Mechanism	Inclusive of best practice characteristics e.g. curriculum-based comprehensive programming delivered to target group in high doses. (on-going, recurrent, regular) 5 Points	Intermittent. Provided to identified groups for a limited duration; one-on-one adult/peer-to-peer mentoring. 2 Points	One-time large group presentations and/or guest speaker services. Informational media campaign. – 0 Points

2. **Project Requirement #1 - Target population:** State data reveals that negative outcomes associated with youth risk behaviors are prevalent among racial/ethnic minority populations and that poor outcomes among all youth populations increase with each advancing age group. **Strategically and comprehensively targeting abstinence programming to reach younger youth populations that are just learning how to make healthy choices is a wise investment** that will have a positive impact on the state's teen birth and STD rates and produce positive health outcomes for years to come. With this in mind, Nebraska has identified the following priority target populations to receive abstinence education.

- **Racial/ethnic minority youth with emphasis on African American, Hispanic and Native American youth who are aged 10-14, and/or**
- **Youth aged 10-14 in state custody under the state's Child Welfare Unit or Office of Juvenile Services.**

Applicants must:

1. demonstrate that the primary emphasis of their proposal is placed on reaching and serving the identified target population(s), and
2. assure at least 70% of the youth project participants served will be from one or both of the target population groups (Example: Of the 100 youth receiving abstinence education in XYZ community, 70 are from one or both of the targeted groups), or
3. provide substantiating documentation, e.g. county population data that the target population is not represented in the proposed counties/communities being served.

3. **Project Requirement # 2 - State goals and outcome objectives:** Nebraska's goals and outcome objectives address the connectedness and universality⁴ of youth behaviors associated with positive life outcomes and support the strategic and comprehensive application of Nebraska's Abstinence Education Program. Proposals must support Nebraska's goals for abstinence education and address each outcome objective and related measure identified for the state's abstinence education program. Based on fifteen-month proposed plans, they are as follows:

Goals

1. **Nebraska adolescents are healthy, safe and productive.**
2. **State and community environments are supportive of adolescents.**

Outcome Objectives:

1. By September 30, 2012, 80% of youth aged 10-14 receiving abstinence education programming through sub grants will receive a minimum of thirty (30) hours of abstinence education instruction.
2. By September 30, 2012, 80% of youth aged 10-14 receiving abstinence education instruction through sub grants are able to identify behaviors associated with positive health outcomes including those corresponding to reducing risk for pregnancy and STDs.
3. By September 30, 2012, 65% of youth aged 10-14 receiving abstinence education instruction have a personal goal for adopting a minimum of three positive health behaviors including regular school attendance.

⁴ Occurring within all cultures across all populations.

4. By September 30, 2012, 100% of sub grant recipient(s) will have a minimum of three effective community engagement and/or support tools (i.e. mentoring, counseling, adult supervision) specific to abstinence education for use within targeted counties.

Outcome Measures:

1. The percent of youth aged 10-14 served by abstinence education sub grants who receive thirty (30) hours of abstinence education.
2. The percent of youth aged 10-14 served by abstinence education programming who are able to identify behaviors associated with positive health outcomes including abstinence as the means of preventing teen pregnancy, birth and/or STDs/STIs.
3. The percent of youth aged 10-14 served by abstinence education programming demonstrating adoption of at least three positive health behaviors including school attendance of 95% or greater.
4. The percent of communities in counties served by sub grants reporting an increase in supports within community youth environments.

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 proposal.

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 proposal partners. Proof of non-profit status from the Internal Revenue Service (IRS) must be submitted upon request of the granting agency.

The applicant must also assure and give proof that it has the capacity to carry out and sustain their proposed plan as well as meet the specified cost-sharing (match) requirements.

B. Cost Sharing/Matching

Matching means the value of the third-party in-kind contributions and the portion of the costs of a federally assisted project or program not borne by the federal government.” (Source: The “Uniform Administrative Requirements for Grants and Cooperative Agreements to State and

Local Governments” for the Department of Health and Human Services, 45 C.F.R. Part 92). Sub recipients (sub grantees) of Nebraska Abstinence Education grant funds will be required to provide matching resources equal to at least **83%** of the value of their award. This support is essential to help Nebraska meet the State’s match requirement of three dollars for every four dollars of federal Abstinence Education Grant funds. Applicants must document in the proposal their capacity to provide matching funds, indicating both the type and source of match. The two types of matching resources are: 1) cash, and 2) in-kind (non-cash). The source of cash match could be a non-federal grant source ⁵, agency cash, donations or fees.

Program income is defined as revenue generated as a result of these grant funds. Nebraska Abstinence Education Grant funds are not program income. Examples of program income include fees, donations and/or revenue from the sale of program promotional items. It is a requirement that program income be re-invested in the work related to the grant-funded activities. This reinvestment of program income is shown on the budget and expenditure report as cash match. If the grant-funded activities do not generate income, or if program income is insufficient to meet the minimum match requirement, the match requirement can be met by other options: a) any non-federal funds may be used as cash match which are not already used as match for another grant award, and/or b) non-cash match.

Estimated program income must be budgeted in the cash match column of the Line Item Budget. (See example budget in Attachment 7) Sub recipients will be expected to identify through quarterly reports the program income received and reinvested to support grant activities as appropriate.

The final expenditure report for any fiscal year must have a zero balance for program income, otherwise the final reimbursement request will be reduced by unspent program income. Sub recipients will not be allowed to carry over program income between fiscal years.

The non-federal participation may be in the form of allowable costs incurred by the grantee, or the value of third-party in-kind contributions and must meet the requirements for allowability and documentation set forth in 45 CFR Part 74, Sections 74.23 and 74.27 and 45 CFR Section 92.24. The following information, which supplements both 45 CFR Parts 74 and 92, contains an explanation of the non-federal share requirements.

General Requirements for Match: The source and amount of cash and/or the value of third party in-kind contributions proposed by the applicant or recipient to meet a matching requirement must be identified in the application’s budget justification section. The activities supported by that budget as well as any expenditures against that budget must conform to the requirements of this document.

Costs which are used to satisfy the grantee’s matching requirements may be financed from the following:

1. Any non-federal source, including cash or in-kind contributions contributed or donated to the project by either the grantee or by third parties.

⁵ It is permissible for Native American Tribes eligible under P.L. 93-638 to use those federal funds as match.

2. Grant-related (program) income, other than income from certain royalties and from the sale of real or tangible personal property, when the grantee is authorized to expend such income to further the purposes of the legislation under which the grant is made. See 45 CFR § 92.25 and 45 CFR § 74.24
3. Funds derived either directly or indirectly from federal sources which are received as fees, payments, or reimbursements for the provision of a specific service, such as patient care reimbursements received under Medicare or Medicaid.

In determining the allowability of costs for matching purposes, the qualifications and exceptions listed in 45 CFR Section 74.27 and 92.24 apply. Also, the classification of a contributed cost as either direct or indirect must be consistent with the classification of other costs incurred for the same purpose in like circumstances. For example, if the costs of facilities (such as depreciation or use allowance and operation and maintenance expenses) are treated as indirect cost for the organization's other activities, similar costs may not be counted as a direct cost contribution for purposes of matching.

Applicants are required to provide an accounting of all available match, including in-kind contributions. Records for tracking match must be kept in the same manner as records for claiming expenditures, and may be reviewed during project site visits.

Resources identified as match will be closely scrutinized during the review process to make sure that the claimed resources are allowable and a necessary part of the project.

To be used as in-kind match, contributions must be:

- Necessary to accomplish program activities
- Allowable if the grantee were otherwise required to pay for them

Funds that are used to match other federal or state grants that the applicant may also have cannot be used as match for this project.

C. Other Mandatory Requirements

The following required elements are mandatory for all applicants. Applicants must address each element in the proposal narrative. The mandatory requirements are as follows:

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 programs. (See Attachment 4 for a definition and discussion of CLAS Standards.)

Program Integrity: Projects must clearly and consistently focus on the Section 510 definition of "abstinence education" and applicants must agree not to provide participating adolescents any other education regarding sexual conduct in the same setting. Projects funded under this grant must be taught separately from any other sexual education programs that promote a different message. Applicants proposing to provide abstinence-only education and who have a public health mandate, such as local health departments, or propose delivering programming through community health centers or other community-based clinics if applicable, must provide signed

assurance (See Terms and Assurances document in Forms Section) that any discussion of other forms of sexual conduct or provision of services is conducted in a setting different from where and when the abstinence-only education instruction is being conducted.

Non-Sectarian Instruction: It should be noted that grantees and their contractors/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 in Forms Section) 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.

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.

Medical Accuracy: Applicants must attest and certify that they will make every reasonable effort to ensure that materials proposed in this application and funded during the project period of this grant are medically accurate and have received State approval prior to implementing or using any curriculum or materials. (See Terms and Assurances document in Forms Section)

Referrals: Applicants must agree to refer youth to a local health care provide When appropriate. Specific referral methods must be described in the application. **The Applicant must provide assurances it will not refer for, perform, or counsel for abortion.** (See Terms and Assurances document in Forms Section)

Program Training and Promotion: Applicants must agree to participate in curricula training and implementation where appropriate and to participate in any multimedia information campaign put into action by the state.

Reporting on the Federal Efficiency Measures: Applicants must agree to routinely collect and submit the required demographic and related project efficiency measures as a recipient of these federal grant funds. Examples of the data to be collected are represented in the draft collection forms found in Attachment 5. Official collection forms will be provided by the state prior to the start of the sub grant period (July 1, 2011). These forms will allow sub grantees to collect and submit the required data electronically.

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 **April 22, 2011**. Specify in your correspondence the **CFDA # 93.235**, 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: Abstinence Education Program

Mail: Abstinence Education Program,
Attention Linda Henningsen
DHHS, Division of Public Health
Lifespan Health Services Unit
P.O. Box 95026
Lincoln, NE 68509

Email: 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 Proposal must be in writing and may be submitted to the point of contact at the address listed below through **May 2, 2011**. This format allows more specific needs of Applicants to be addressed throughout the proposal 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 “**Abstinence Education 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 **May 4, 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 RFP for the Abstinence Education Grant Program 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.

- By Fax to (402) 471-7049
- Mail: Abstinence 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 RFP 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 RFP. Violation of this condition may be considered sufficient cause to reject an applicant's proposal and/or selection irrespective of any other condition.

C. Proposal Submission Requirements

The following describes the requirements related to proposal submission.

To facilitate the proposal evaluation process, one (1) signed original and four (2) copies of the entire proposal should be submitted by the proposal due date and time. Proposals must be mailed to the address and attention of the contact listed under sub heading "2", "Letter of Intent".

Emphasis should be concentrated on conformance to the Request for Proposal instructions, responsiveness to requirements, completeness and clarity of content. If the respondent's proposal 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 proposals are neither necessary nor desired.

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

1. The signed Request for Proposal for Sub Grant Services form (Cover Sheet);
2. Project budget, management plan, work plan, evaluation plan
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). Thus all sub recipients (sub grants) receiving federal funds equal to or greater than \$25,000 are required to obtain 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 proposal

submission (June 1, 2011), it should be noted on the cover sheet and documentation of application must be included with the proposal.

Other submission requirements:

- Use the checklist (see Forms section) to assure that all requirements for a complete proposal have been met at the time the proposal is submitted. Incomplete proposals will not be reviewed.
- Proposals 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 proposal. 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, single spaced 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.
- The Cover Sheet, Timeline and Line Item Budget must follow the required format, and all must be included in the proposal. (Originals of all forms can be found in the Forms Section and may be duplicated.) Failure to comply with this requirement will unnecessarily delay the review process and potentially increase the chance of misinterpretation of the proposal.
- Include a Table of Contents with page numbers referenced in the proposal. The Table of Contents should follow the same headings as the proposal.
- 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 proposal, or attached and incorporated by reference in the text. Other acceptable attachments include, as relevant to a proposal 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 proposal original and four copies. Proposals must be received in the Division of Public Health, Lifespan Health Services Unit by 5:00 PM Central Daylight Time on **Wednesday, June 1, 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:

Abstinence Education Program, Attention: Linda Henningsen
DHHS, Division of Public Health, Lifespan Health Services Unit
P.O. Box 95026, Lincoln, NE 68509

Applicants whose proposals have been received on or before the deadline, will receive an email acknowledgement within 7 days of receipt of the proposal. Applicants who do not receive this acknowledgement within that timeframe, should contact the Abstinence Education Program in the Lifespan Health Services Unit by email to linda.henningsen@nebraska.gov.

Proposals 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 Wednesday, June 1, 2011. Hand delivery or courier service will be received at the 3rd floor reception desk, DHHS, Nebraska State Office Building, 301 Centennial Mall South, Lincoln, Nebraska. Proposals transmitted by hand delivery or courier must be received at NHHS no later than **5:00 p.m. Wednesday, June 1, 2011.**

V. Application Content and Format

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 Forms Section of this RFP. Score value to be given during the evaluation period are noted for the applicable sections and page limits are given where appropriate.

1. **Application Cover Sheet or Face Page:** (See Forms Section)
2. **Table of Contents:** The application should be presented in the order of the table of contents.
3. **Application Checklist** (See Forms Section)
4. **Budget and Justification: Total Points – 15 Page Limit – n/a**
Budget should reflect costs associated with successful implementation of the proposed project including costs for necessary training of project staff and personnel. Use the required form/format for the Line Item Budget (See Forms Section). An example of a completed budget form is found in Attachment 6. The totals on the Line Item Budget form must agree with the totals on the Cover Sheet/Face Page, including both grant funds and matching resources. Applicant must attach a copy of their current indirect cost rate agreement if the budget includes a line for indirect costs. Any program income projections should be shown on line items budgeted with cash match.
 - **Budget Justification:** The Budget Justification must mirror all line items from the Line Item Budget, including both grant funds requested and matching resources. Calculations should be presented to document how the amount on each line item was established. Clearly describe how estimated expenditures will support the activities identified and the achievement of the proposed objectives outlined in the Work Plan.

5. Management and Staffing Plan: Total Points - 25 Page Limit - 5

Describe in detail the active involvement of participating members of any coalition, collaborative or partnership including the roles and duties of each entity in the implementation/delivery of the proposed project. Provide documentation of such involvement i.e. established or intended contracts or memorandum of agreements. Identify lead agency if applying as coalition, collaborative or partnership. Describe historical information of past performance of any current and/or prior grants, contracts, cooperative agreements or sub contracts with DHHS that demonstrates the ability, capacity and experience to meet the state's objectives, deliver the work described in the project narrative, submit accurate and timely reporting and generally manage the operations necessary to support the project. Roles and duties of direct project personnel and staff should be clearly described and resume of project director included. Include organization charts as necessary to describe and illustrate lead agency and relationship with partners, work flow and project responsibilities.

6. Project Narrative: Total Points – 50 Page Limit – 20 (excluding timeline)

The following sub sections should be addressed in the development of the project narrative.

- A. **Needs Assessment:** Applicant should conduct a population-based assessment using primary and secondary data and should correctly analyze the findings to identify the needs of the target population in the intended delivery service area. An evaluation of existing projects/services must be incorporated into the assessment of needs for the proposed work. The Needs Assessment should explain why the proposed activities in the Work Plan are important. This section should conclude with a description of the proposed service area and locations and two priority needs for reaching the state's target population. Applicants who are unable to meet the 70% inclusion requirement (for inclusion of the state's target population) due to underrepresentation in their proposed service area must provide substantiating documentation of such, e.g. county population demographic data.
- B. **Work Plan:** Applicant must provide a fifteen-month (15) work plan that addresses the provision of abstinence education to the state's identified target populations. The work plan should be provided in the form of a narrative that describes the scope of work anticipated and how the activities, if implemented, will meet the identified needs of the target population. The work plan should support a holistic approach to youth health and development that is strategic and comprehensively applied. At a minimum, the applicant should include and describe the following elements in the work plan narrative:
- process objectives for each of the states four (4) outcome objectives that, when applied, allows the applicant to determine if the strategies and mechanisms have been implemented efficiently and effectively.
 - strategies for incorporating two approaches that support the principles of positive youth development (See Attachment 2) including a description of the corresponding activities.

- a delivery mechanism that incorporates the Community Support component of the Adolescent Comprehensive System plus one additional component of the system. (see Attachment 3)
- the program curriculum, model and/or materials to be used for program delivery as selected from the state's approved list (See Attachment 7) including a description of the instructional/delivery methodology to be used and how the method addresses or correlates to the state's outcome objectives. If the applicant proposes curriculum or materials not on the state's list, the applicant must include official documentation of effectiveness as well as medical accuracy including any supportive evaluation results if known. The successful applicant(s) will be required to obtain approval prior to implementing or using any curriculum or materials not listed on the state's approved list.
- how contact and coordination with Nebraska DHHS, Division of Children and Family Services will occur if youth in state custody are the proposed target population.
- how and to what extent the applicant provided for the proposed target community(s) and/or population(s) engagement in the development of their proposed plan including input from proposed service recipients (youth).
- how the proposed project meets the federal requirements in upholding and addressing all elements of the A-H definition for abstinence education as defined by law.
- response to mandatory requirements related to cultural competency, equal access, referrals and program training and promotion.

C. Timeline: Use the required form (see Forms Section) to reflect the applicant's project process objectives, related activities and responsible party(s) **for each of the state's four outcome objectives (see pages 7-8)**. Process objectives should represent the broad steps to be taken to achieve the state's outcome objectives with 2-3 identified for each. Plot the anticipated time element for accomplishment of each objective and related activity across the timeline. If implemented effectively, the timeline will provide for continual assessment of project progress and allow the applicant the opportunity to revise/adapt strategies and activities as necessary to achieve optimal outcomes. A completed timeline example is found in Attachment 8. There is no page limit to the timeline.

7. Evaluation Plan: Total Points – 10

Page Limit - 5

Applicant must incorporate a basic evaluation plan in their proposal that addresses the outcome objectives developed by the state and describe in detail the specific process to be used to collect the data and report on the related outcome measures (see pages 7-8). Applicant may wish to develop and implement a pre/post test as an evaluation tool. The state requires any such test be submitted for approval prior to implementation along with the proper documentation of the process to be used for obtaining parental/guardian consent if needed.

Applicant must identify the process to be used for collecting and transmitting the data to the State that responds to the federal efficiency measures reporting requirements. See examples of reporting forms in Attachment 5

8. Assurances, Certifications and Advance Requests: 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 Forms Section). This document, along with the applicant's proposal becomes the legally binding document for any subsequent grant award between the state and the applicant as a result of this RFP.

Successful applicants who receive a final grant award may request an advance of up to 20% of their grant award to support start up expenses. Advances will not be disbursed for any "provisional" award until all conditions placed on the award have been met. Use the form found in the Forms Section.

9. Attachments: Total Points-n/a Page Limit-n/a

Applicant may include, as attachments, appropriate supplemental documents necessary to support the proposal 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. Proposal Review and Evaluation

Proposals received on or before the closing date will be logged in, then screened for compliance with the requirements as detailed in the Request for Proposals. Proposals 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 proposals will not be considered for funding.** The state will conduct a fair, impartial and comprehensive evaluation of all proposals in accordance with the review criteria. All responses to this Request for Proposal 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 deliver and implement the system or project that meets the requirements of this Request for Proposal;
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: Proposals 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 proposal 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 Proposal. 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 Proposal.

Review Criteria: Each member of the Evaluation Committee will score and comment on proposals using Review Criteria and Summary Sheet. This evaluation Summary Sheet will be compiled for each reviewed proposal to include total score, including bonus points, and identified strengths and weaknesses of each component. The Summary will be used to rank and select successful proposals. The table in Attachment 9 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 proposal.

C. Rejection of Proposals

DHHS reserves the right to reject any or all proposals, 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 proposal 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

Adolescent Risk Categories and Indicators

Risk Category	Risk “Indicators”	Risk Category	Risk “Indicators
Child Welfare	Child abuse/neglect	Health Behaviors	Inadequate Prenatal Care *
Child Welfare	Child abuse/neglect substantiated *	Health Behaviors	No Prenatal Care *
Child Welfare	Office of Juvenile Svcs.*	Health Behaviors	Births To Teens *
Child Welfare	Out of Home Care *	Pregnancy Outcome	Low Birth Weight *
Child Welfare	State Wards *	Pregnancy Outcome	Very Low Birth Weight *
Child Welfare	Unintentional Injuries *	Pregnancy Outcome	Prematurity *
Crime	Juvenile Arrests *	Pregnancy Outcome	Infant Mortality *
Crime	Juvenile Drug Arrests *	Health Outcomes	Poor/Fair Health *
Crime	Juvenile DUI *	Health Outcomes	Poor Mental Health Days *
Crime	Juvenile Violent Crime Arrests *	Health Outcomes	Poor Physical Health Days *
Economic	Food Stamps *	Health Outcomes	Premature Death *
Economic	Poverty, All Ages *	Social Welfare	Aggravated Domestic Violence Complaints *
Economic	Unemployment Change, 2009-2010	Social Welfare	Domestic Violence Crisis Line Calls *
Economic	Unemployment *	Social Welfare	Simple Domestic Violence Complaints *
Education	High School Dropouts*	Social Welfare	Single Parent Household *
Education	Education Less than 9th Grade *		
Health Behaviors	Adult Smoking		
Health Behaviors	Binge Drinking *		
Health Behaviors	Chlamydia *		

*Corresponding to teen behaviors and outcomes

Nebraska completed an in-depth analysis/assessment of health indicators as a requirement of the ACA Home Visitation Program. Information was collected and analyzed regarding a large range of health and social factors, including pregnancy outcomes and other indicators of maternal, child and infant risk; poverty; crime; domestic violence; high-school drop-out rates; substance abuse; unemployment; and child maltreatment. This analysis, though not focused specifically on adolescents provides a demonstration of the correlating risk factors associated with teen sexual activity. Of the 34 risk “indicators” falling within eight risk factor categories, close to 75 percent directly correspond to teen behaviors and outcomes.

Positive Youth Development

Youth initiatives using approaches to programming that support the principles of positive youth development seek to achieve one or more of the following outcomes⁶:

1. Promote bonding
2. Foster resilience
3. Promote social competence
4. Promote emotional competence
5. Promote cognitive competence
6. Promote behavioral competence
7. Promote moral competence
8. Foster self-determination
9. Foster spirituality
10. Foster self-efficacy
11. Foster clear and positive identity
12. Foster belief in the future
13. Provide recognition for positive behavior
14. Provide opportunities for pro-social involvement
15. Foster pro-social norms.

Positive Youth Development "is an approach that goes beyond traditional prevention, intervention, and treatment of dangerous behaviors and problems. Instead of distinguishing between "youth at risk" or "high-risk youth," positive youth development builds competence, involvement, and connections to the larger society for all young people."

Pittman and Cahill, 1992

Additional Resources

Search Institute – 40 Developmental Assets

<http://www.search-institute.org/content/what-kids-need>

Act For Youth

http://www.actforyouth.net/youth_development/ and
<http://www.actforyouth.net/publications/manual.cfm>

National Conference of State Legislatures

<http://www.ncsl.org/?tabid=16375>

America's Promise

<http://www.americaspromise.org/>

⁶ Catalano, R.F., Berglund, M.L., Ryan, J.A., Lonczak, H.S., Hawkind, J.D., (1998) Positive Youth Development in the United States: Research Findings on Evaluations of Positive Youth Development Programs, Social Development Research Group, University of Washington, School of Social Work, Seattle, Washington.

NEBRASKA ADOLESCENT COMPREHENSIVE SYSTEM

Nebraska Adolescent Comprehensive System is a planning initiative leading to a State Strategic Plan for Adolescent Health, Development and Well-Being. Aimed at providing youth and their families with more well-integrated programs, services and resources, the system initiative promotes partnerships and collaboration between people and organizations that work to address adolescent health and well-being. The following six domains or components have been identified along with each respective goal statement.

Community Support



Communities have a process for creating a sustainable system for adolescent well-being.

Education and Career Development



All youth achieve their full potential in a supportive and empowering environment acquiring the knowledge and skills necessary to become life-long learners.

Family Support and Education



Families of adolescents have accessible services that meet their self-identified needs within a supportive and empowering environment.

Health Promotion



Youth will reduce their risk factors and increase their protective factors in developing and adopting behaviors associated with healthy, culturally responsive lifestyles.

Physical, Mental and Oral Health Care



Adolescents and their families have access to self-directed physical, mental and oral health care.

Social-Emotional Development



Adolescents are self-aware and possess healthy life skills and relationships with their families, peers and communities.

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

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.

Federal Reporting Forms – Efficiency Measures**Abstinence Education Program****EXAMPLE OF INFORMATION TO BE COLLECTED****UNDUPLICATED COUNT OF CLIENTS SERVED**

<u>Age</u>	<10	10-14	15-17	18-19	20-24	>24	Total
<u>MALES</u>							
White, Non-Hispanic							
Black							
Hispanic							
Other							
<u>FEMALES</u>							
White, Non-Hispanic							
Black							
Hispanic							
Other							
Totals							

TOTAL ENCOUNTERS BY CLIENTS
EXAMPLE OF INFORMATION TO BE COLLECTED

<u>Age</u>	<10	10-14	15-17	18-19	20-24	>24	Total
<u>MALES</u> White, Non-Hispanic							
Black							
Hispanic							
Other							
<u>FEMALES</u> White, Non-Hispanic							
Black							
Hispanic							
Others							
Totals							

Line Item Budget

Line Items	Block Grant Funds	Matching Funds		TOTAL
		Cash	In-Kind	
(Sample Categories Listed Below) I. Personnel Costs (Indicate % of FTE) Project Coordinator _____%FTE Secretary _____%FTE II. Benefits Insurance FICA III. Office Expense Office Supplies (Consumable) Printing Rent (____ Sq. Ft. @ \$_____/Sq.Ft.) IV. Travel Mileage Meals & Lodging				
V. Equipment VI. Communications Postage Telephone VII. Contractual Services				
VI. Indirect Cost (Include Rate Agreement)				
TOTALS				

EXAMPLE

BUDGET JUSTIFICATION - EXAMPLE

(**Note:** This is a sample only and does not include all allowable cost categories or lines.)

PERSONNEL**

Position Title/Name	FTE	Annual Salary	Months	Amount
Project Coordinator, Barb Taylor	1.00	\$45,000	12	\$45,000
Outreach Supervisor, Bill Smith	.50	\$28,500	12	\$14,250
Special Activities Director, Kim Young	1.00	\$25,000	6	\$12,500

**Include brief descriptions of staff positions that are funded in whole or in part with Abstinence Grant funds, *i.e.* indicate the full-time equivalent (FTE) of personnel paid with Abstinence funds. Describe the scope of responsibility for each position, relating it to the accomplishment of outcomes stated in the Work Plan, and job responsibilities to related to the Management Plan.

OFFICE EXPENSES

Supplies (\$75/month x 12 months)	\$ 900.00
Printing (1,000 brochures x \$.15/ea.)	\$ 150.00
Rent (\$3/sq. ft x 200 ft. x 12 mos)	\$7,200.00

TRAVEL*

Mileage (300 mi. x 40.5¢/mi.)	\$ 121.50
Meals (\$25/diem x 5 days)	\$ 125.00
Lodging (\$100/night x 4 nights)	\$ 400.00

*Travel costs that could be considered excessive should be further clarified, e.g. delineated by in-state or out-of-state travel, purpose, number of persons, etc.

CONTRACT SERVICES

For each item of costs in this category, provide the following in the Budget Justification:

- 1) Name of contractor
- 2) Organizational affiliation, if applicable
- 3) Nature of services to be rendered
- 4) Relevance of service to the Work Plan
- 5) The basis for the fee
- 6) The expected expense compensation (travel, per diem, other associated costs)

INDIRECT COST

Identify the "order of preference" used to recover indirect costs, clarifying or describing the costs associated with the selection. Identify the base used in establishing the rate, state the rate, and show the calculation leading to the claimed indirect costs in the Line Item Budget. State if there are unrecovered indirect costs that are budgeted as match. The rate identified in a negotiated rate agreement (include copy of agreement) should be the same as that used in the line item budget and the budget justification.

Children \$ _____

CSHCN \$ _____

Important: Distinguish between grant funds, cash match, and non-cash match (in-kind)

**Nebraska Abstinence Education Program
State Plan FY 2010
State Program Curriculum
Pending Approval for Medical Accuracy**

1. **Choosing The Best Publishing, Inc.**

Curriculum

- *Choosing the Best Way* – 6th Grade
- *Choosing the Best Path* – 7th Grade
- *Choosing the Best Life* – 8th Grade
- *Choosing the Best Journey* – 9th-10th Grade

2. **Abstinence and Marriage Education Partnership**

Curriculum

- *Game Plan* – 7th Grade
- *Quest* – 8th Grade
- *Aspire* – 9th-10th Grade

3. **Center for Relationship Education Curriculum**

- *Basic Training* – 4th-6th Grade
- *W.A.I.T. Training* – 7th-12th Grade

4. **Select Media**

Curriculum

- *Promoting Health Among Teens! Abstinence-Only Intervention*

Mentoring, Counseling, Adult Supervision

- *Stars Program – Friends First, Colorado*
- *Talks My Mother/Father Never Had With Me*
Research Press Publishers
- *Nebraska Teammates Mentoring Program*

Nebraska Abstinence Education Program

Name of Sub Grantee/Project _____ Project Period _____ Through _____

State Outcome Objective Addressed: By September 30, 2012, targeted youth aged 10-14 residing within counties served will received a minimum of thirty (30) hours of abstinence education instruction.

Process Objective (Broad Step)	Activities	Resources People Other		15-Month Timeline													
				2011				2012									
				Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
1. By September 30, 2011 youth groups formed and initiated.	1. Hire/identify project youth group facilitator(s)	Sub Grant Program Director		X													
	2. Project site(s) identified/secured	Sub Grant Director, project partners			X												
	3. Identify/recruit youth program participants	Sub Grant Director, project facilitators, project partners			X	X											
	4. Secure project curriculum and materials	Sub Grant Director, project partners		X	X	X											

TIMELINE EXAMPLE

Evaluation Review Criteria

Component Review Criteria and Possible Point Value																			
<p>I. <u>Budget and Justification – 15 Points</u></p> <ul style="list-style-type: none"> - Uses required form. Totals agree with totals on the Cover Sheet. - Grant funds requested are reasonable and allocable and support the work plan and related activities. Demonstrates cost efficiency. - Match amount documented is 83% of requested grant funds. - Budget justification mirrors all line items from the line item budget including both grant funds and matching resources. - Source of match is accurately described in the justification for all in-kind or cash amounts listed on the line item budget. - Budget justification includes calculations and describes the need for each budget line item. - Program income projections are noted in the justification for line items budgeted with cash match. - A copy of the <u>current indirect cost rate agreement (required)</u> is attached if budget includes indirect costs. 																			
<p>II. <u>Management Plan – 25 Points</u></p> <ul style="list-style-type: none"> - Applicant provides historical information specific to past performance of any current and/or prior grants, contracts cooperative agreements or sub contracts with DHHS. - Demonstrates the ability, capacity and experience to meet the state’s objectives, deliver the work described in the project narrative, submit accurate and timely reporting and generally manage the operations necessary to support the project. . - Roles and duties are clearly described for all direct project personnel and staff. Includes organizational charts to illustrate partner relationships, work flow and project responsibilities. - The degree to which coalition, collaborative or partner members are actively involved in project delivery. - Involvement of coalition, collaborative or partner members is documented through formal agreements, i.e. contracts or memorandum of agreements. 																			
<p>III. <u>Proposal Narrative – 50 Points</u></p> <p>A. <u>Needs Assessment</u></p> <ul style="list-style-type: none"> - Uses primary and secondary data to analyze the proposed area and target population to be served, identifies exact location(s) to be served as result of analysis. Identifies two priority needs for reaching the target population. - Includes evaluation of existing programs and services <p>B. <u>Project Work Plan</u></p> <ul style="list-style-type: none"> - identifies the scope of work and how the project meets the needs of the state’s target population - describes how the state’s target population will represent 70% of project participants to be served or provides data/documentation as to why this requirement cannot be met. - describes strategies for incorporating two approaches that support the principles of positive youth development. - describes a delivery mechanism that incorporates and is operational within the Community Support and one additional component of the state’s Adolescent Comprehensive System. - Identifies project curriculum to be used. Curriculum from state’s approved list or documentation of effectiveness and medical accuracy provided if seeking approval for optional curriculum. - Describes coordination with DHHS Division of Children and Families if target population is youth in state custody. - Describes how proposed target locations (e.g. community) and/or populations were involved in the development of the proposed plan. - Responds to mandatory requirements related to cultural competency, equal access, referrals and program training and promotion. <p>C. <u>Timeline</u></p> <ul style="list-style-type: none"> - uses the correct form and provides 2-3 process objects that demonstrate relationship for each of the state’s 4 outcome objectives. - Identifies proposed activities related to each process objective, when the activities will occur and staff/personnel responsible for carrying them out. 																			
<p>IV. <u>Evaluation Plan – 10 Points</u></p> <p>Describes the methods/strategies that will be used to track and measure the applicant’s process objectives, state outcome objectives and federal efficiency measures. Describes how the results will be used, disseminated, and communicated to the state.</p>																			
Total Score: 100																			
<p><u>State Preferences – Bonus Points</u> (Refer to table on page 6 of RFP for description of preferences) Total Bonus Points Possible = 15</p> <p>Proposals will be assessed bonus points for one level in each category. Applicants who achieve the optimal 5 points under the “Mechanism” category will have demonstrated that 70% of resources (staffing, budget) are dedicated to criteria listed in table referenced.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Category</u></th> <th style="text-align: left;"><u>Level</u></th> <th style="text-align: left;"><u>Level</u></th> <th style="text-align: left;"><u>Level</u></th> </tr> </thead> <tbody> <tr> <td>1. Applicant:</td> <td>Preferred- 5 Points</td> <td>Acceptable – 3 Points</td> <td>Least Preferred – 1 Point</td> </tr> <tr> <td>2. Setting:</td> <td>Preferred- 5 Points</td> <td>Acceptable – 3 Points</td> <td>Least Preferred - 1 Point</td> </tr> <tr> <td>3. Mechanism:</td> <td>Preferred- 5 Points</td> <td>Acceptable – 2 Points</td> <td>Least Preferred - 0 Points</td> </tr> </tbody> </table>				<u>Category</u>	<u>Level</u>	<u>Level</u>	<u>Level</u>	1. Applicant:	Preferred- 5 Points	Acceptable – 3 Points	Least Preferred – 1 Point	2. Setting:	Preferred- 5 Points	Acceptable – 3 Points	Least Preferred - 1 Point	3. Mechanism:	Preferred- 5 Points	Acceptable – 2 Points	Least Preferred - 0 Points
<u>Category</u>	<u>Level</u>	<u>Level</u>	<u>Level</u>																
1. Applicant:	Preferred- 5 Points	Acceptable – 3 Points	Least Preferred – 1 Point																
2. Setting:	Preferred- 5 Points	Acceptable – 3 Points	Least Preferred - 1 Point																
3. Mechanism:	Preferred- 5 Points	Acceptable – 2 Points	Least Preferred - 0 Points																
Total Possible Score With Bonus Point: 115																			

Review Summary

Applicant: _____

REVIEW SUMMARY				POINTS	SCORE
I. Budget and Justification					
<u>Strengths:</u>				15 points Excellent =14 - 15 V Good =11 - 13 Good = 8 - 10 Fair = 5 - 7 Poor = <5	
<u>Weaknesses:</u>					
II. Management Plan					
<u>Strengths:</u>				25 points Excellent = 21 - 25 V Good = 15 - 20 Good = 10 - 14 Fair = 5 - 9 Poor = <5	
<u>Weaknesses:</u>					
III. Work Plan					
<u>Strengths:</u>				50 points Excellent = 41 - 50 V Good = 31 - 40 Good = 21 - 30 Fair = 11 - 20 Poor = <10	
<u>Weaknesses:</u>					
IV. Evaluation Plan					
<u>Strengths:</u>				10 points Excellent = 9 - 10 V Good = 7 - 8 Good = 5 - 6 Fair = 3 - 4 Poor = <3	
<u>Weaknesses:</u>					
Total Points				100 Points	
Bonus Points: Points applied for one level each category.					
<u>Category</u>	<u>Level</u>	<u>Level</u>	<u>Level</u>	5, 3 or 1	
Applicant:	Preferred- 5 Points	Acceptable – 3 Points	Least Preferred – 1 Point		
Setting:	Preferred- 5 Points	Acceptable – 3 Points	Least Preferred - 1 Point	5, 3 or 1	
Mechanism:	Preferred- 5 Points	Acceptable – 2 Points	Least Preferred - 0 Points	5, 2 or 0	

Forms

**Nebraska Health and Human Services System
Nebraska Department of Health and Human Services
Division of Public Health
Abstinence Education Grant Program**

REQUEST FOR ADVANCE

Project Name _____

**Sub Grant Organization/
Lead Agency** _____

Address _____ **City/Zip** _____

**Federal Tax I.D.
Number** _____

DUNS# _____

- | | | |
|----|---------------------------------------|----------|
| 1. | Total amount of funds awarded. | \$ _____ |
| 2. | Advance percent requested (Up to 20%) | X _____ |
| 3. | Amount of funds to be advanced. | \$ _____ |

**Project Director Signature
Signature**

Financial Officer

Name

Name

Date

Date

Request for Advance must include two signatures. Complete the form and mail to the address listed below.

Mail To:

Abstinence Education Program
DHHS, Division of Public Health
Lifespan Health Services Unit
P.O. Box 95026
Lincoln, NE 68509-5026

APPLICATION REQUIREMENTS CHECKLIST

Applicants should carefully review this Checklist to assure that **all requirements have been met. This form is to be completed and submitted with the applicant's proposal.**

Name of Applicant: _____

<u>Pre-Proposal Requirements</u>	✓
Submitted Letter of Intent to apply by due date.	
Critical Proposal Elements	✓
Cover Sheet – Use the required form. This must be signed by an official of the Applicant with authority to legally bind Applicant to the Terms and Assurances of this sub grant of federal financial assistance. Required DUNS number included.	
Table of Contents – Reflective of required proposal components and indicates page numbers for each component and sub sections. Tables, charts and diagrams labeled and numbered and noted in the table of contents.	
Budget and Budget Justification – No page limit. Use the required form. Submit 15-month budget and justification for the identified period.	
Management and Staffing Plan -- Page Limit – 5 Reflects information requested in the Request for Proposal. Lead Agency and Fiscal Agent appropriately identified.	
Project Narrative – Page Limit – 20 (excluding timeline) In narrative form, includes a needs assessment and work plan that addresses all requirements. Uses correct Timeline form to document process objectives for each of the state's outcome objectives. No page limit	
Evaluation Plan – Page Limit – 5 Reflects information requested in the Request for Proposal	
Sub Grant Terms and Assurances; Certifications – if awarded, sub recipients must fully comply with the Sub Grant Terms and Assurances. Understand all requirements before signing the Cover Sheet. The Terms and Assurances and corresponding certifications must be signed by an authorized official of the Applicant and submitted with the proposal. Attach lobbying disclosure if warranted.	
Attachments – Include appropriate supplemental documents necessary to support the proposal narrative, e.g. letters of support, resumes, memorandum of agreements and/or contracts.	

COVER SHEET
Nebraska Department of Health and Human Services
Division of Public Health
Abstinence Education Grant Program

Title of Proposal _____

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** _____

Funding Information: July 1, 2011 – September 30, 2012	
Grant funds requested	
Matching Resources (Cash)	
Matching Resources (In-Kind)	
Total project budget	

Line Item Budget

Applicant: _____

For Period July 1, 2011 to September 30, 2011

Line Items	Block Grant Funds	Matching Funds		TOTAL
		Cash	In-Kind	
1. Personnel Costs				
2. Benefits				
3. Office Expense				
4. Travel				
5. Equipment				
6. Communications				
7. Contractual				
Indirect Cost (Include Rate Agreement)				
TOTALS				

Nebraska Abstinence Education Program Sub Grant Timeline

Name of Sub Grantee/Project _____ Project Period: _____ Through _____

State Outcome Objective Addressed:

Process Objective	Activities	Resources People Other		15-Month Timeline														
				2011						2012								
				Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep

NEBRASKA ABSTINENCE EDUCATION PROGRAM
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/Proposal 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*:

Exhibit 1 A & B: Sub recipient Reporting Requirements

Exhibit 2: Program Specific Requirements

Exhibit 3: DHHS Administrative & Audit Guidance for Sub grants

Exhibit 4: 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 Requests for Proposals (RFP). 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 Proposals** (RFP) for competitive funds;
- 3) **Sub grant Proposal** in response to RFP, 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.

[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 [Appendix 1], pursuant to the Nebraska Prompt Payment Act, Neb. Rev. Stat. §81-2401 et seq., and will be a cost reimbursement unless otherwise specified as an advance payment in Appendix 2.

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 of 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.

- 4) 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: _____
Authorized Official

Date: _____

Exhibit 1-A

**Nebraska Department of Health and Human Services (DHHS)
Abstinence Education Program**

Sub-recipient Reporting Requirements for FY 2010-2011

Report	Date Due	DATE SUBMITTED	Period Covered
<i>“Projection” of 1st Quarter expenses (identified expense obligations expected by 9/30/11 as aligned with approved budget)</i>	July 30, 2011		July 1- September 30, 2011
1st Quarter – 15 Month Grant Period Expenditure Report/Reimbursement Request– Actual Progress Report	October 15, 2011		July 1 – September 30, 2011
2nd Quarter – 15 Month Grant Period Work Plan Report Quarter Expenditure Report Data Reports	January 15, 2011		October 1-December 31, 2011
3rd Quarter – 15 Month Grant Period Work Plan Report Quarter Expenditure Report Data Reports	April 15, 2012		January 1- March 31, 2012
4th Quarter – 15 Month Grant Period Work Plan Report Expenditure Report Data Report	July 15, 2012		April 1- June 30, 2012
5th Quarter – 15 Month Grant Period End of Initial Award Period Final Work Plan Report Final Expenditure Report Final Data Reports	October 15, 2012		July 1 – September 30, 2012

EXHIBIT 2

Program Specific Requirements

Compliance for Nebraska Abstinence 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 uphold fidelity to Section 510 (b) (2) (A-H definition of Abstinence Education), will address all eight elements of the A-H definition and will not use or present any materials or curriculum that contradicts the definition.

D. The Sub-recipient assures that it will not engage in inherently religious activities or proselytizing.

E. The Sub-recipient assures that it attests and certifies that materials proposed in its application and funded during the project period of the abstinence education grant have been reviewed by the state and are determined to be medically accurate. Materials presented as factual will be grounded in scientific research.

F. The Sub-recipient assures that it will refer youth to a local health care provider when appropriate and that it will not refer for, perform or counsel for abortion.

II. Cash Advance

A. Consideration of Request. In any fiscal year, a one-time advance up to 20% of the fiscal year budget will be considered based on the following criteria and circumstances:

1. Sub-recipient must determine that other funds are not available to pay for the startup costs of the activities for the first quarter of the startup year. If other funds are not available, the written request must include a declaration that Sub-recipient will suffer serious cash flow problems without a cash advance. The declaration and any supporting evidence or rationale shall accompany the request.

2. Sub-recipient submits a written request using the designated form.

3. Past performance of Sub-recipient in any current and/or prior grants, contracts, cooperative agreements, or subcontracts with DHHS, with particular consideration to timely reporting or other evidence of deliverables.

4. Quarterly Deductions. A cash advance will be accounted for through deductions from the reimbursement of actual expenditures. A Sub-recipient receiving a cash advance will have its reimbursement request reduced by one-fourth of the advance each of the four quarterly reporting periods. To encourage timely reporting and subsequently the deduction from the reimbursement request, a Sub-recipient receiving a cash advance will be assessed a penalty of \$25.00 for each day the quarterly report is past the reporting due date. When the final expenditure report is submitted, if more cash has been paid to the Sub-recipient than the total amount of expenditures, the overage must be immediately refunded to DHHS.

III. 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

A. 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

Sub-recipients of Nebraska Abstinence Education grant funds are required to provide matching resources in the amount of **83%** of the award. This community-based support is essential to help Nebraska meet the State's match requirement of three dollars for every four dollars of federal Abstinence Education Grant funds. Applicants must document in the Application their capacity to provide matching funds, indicating both the type and source of match. The two types of matching resources are: 1) cash, and 2) in-kind

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.*

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

Exhibit 4
NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Abstinence 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: Abstinence Education Grant Program

Grant # CFDA* # *(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