

Nebraska Department of Health and Human Services (DHHS)
Division of Public Health
Request for Applications (RFA)

Submit signed original to:
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Application Cover Sheet

	RELEASE DATE
	June 17, 2016
APPLICATION DEADLINE	POINT OF CONTACT
July 1, 2016, 5:00 p.m.	Michaela Jennings

This form is part of the specification package and must be signed and returned, along with application materials, by the application deadline.

PLEASE READ CAREFULLY!

PURPOSE, PROJECT PERIOD and FUNDING SOURCE

Nebraska Department of Health and Human Services (DHHS), Division of Public Health, Lifespan Health Services, is issuing this Request for Applications (RFA), for the purpose of selecting qualified Subrecipients for Nebraska's Abstinence Education Grant Program (AEGP).

Funding Source: **Administration for Children and Families**
U.S. Department of Health and Human Services (HHS)
Section 510 of Title V of the Social Security Act (Abstinence Education Grant Program)
CFDA #93.235

Pass through: Nebraska Department of Health and Human Services (DHHS)
Division of Public Health

Project Period: August 1, 2016 through September 30, 2017

Electronic RFA: Yes

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APPLICANT MUST COMPLETE THE FOLLOWING

By signing this Application Cover Sheet, the Applicant guarantees compliance with the provisions stated in this Request for Application, the terms and conditions, and performance of the project as described in the approved application.

ORGANIZATION: _____

COMPLETE ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

SIGNATURE: _____

TYPED NAME & TITLE OF SIGNER: _____

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Section 1 – Description of Nebraska Abstinence Education Program

1.01 Background

1.01.1 Context of Adolescent Health Program

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

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

Teen pregnancy and teen birth rates in Nebraska have declined in recently years and are lower than the national rates. Nonetheless, according to the 2013 Youth Risk Behavior Survey, 35 percent of Nebraska youth ages 15-19 have had sex at least once. By the 12th grade, that percentage increases to 53 percent. Moreover, the rate of unintended pregnancies for women under 20 years old was 75 percent in 2011.

Rates of some sexually transmitted infection such as chlamydia have increased overall across the state and some counties show significant rate increases. Data also 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 and positive youth development.

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. 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 a practice based on the belief that adolescents are resources to be nurtured rather than problems to be fixed. The Nebraska Adolescent Health Program 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.

1.02 Funding Opportunity Description

1.02.1 Federal Legislation and Purpose of Funding

The Nebraska Department of Health and Human Services, Division of Public Health announces the availability of funds as an extension to the Title V Abstinence Education Grant Program that was originally 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**, 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. The distribution of the extension funds will be based on the same priority needs of original funding opportunity.

Nebraska's priority needs remain centered on reducing the rates of pregnancy, out-of-wedlock births and sexually transmitted infections and disease (STI/STD) among the teen population. 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 when this funding stream initiated in 2010.

Activities to be funded must be “abstinence only”¹ rather than abstinence-plus² 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.

1.02.2 Funding Period and Availability of Funds

Nebraska Department of Health and Human Services (DHHS), Division of Public Health requests proposals for a fifteen (15) month period beginning July 1, 2015. These awards are made possible by an extension of the federal Abstinence Education Grant Program in Federal Fiscal Year 2015. Subsequent funds under this program are not presently awarded or approval by the federal government. As such, continuation awards are not expected. Sub-awards will be based upon the proposed program plan and supportive budget.

Federal Fiscal Year	State Project Year	Sub Grant Period
FY 2016	Year 1	July 1, 2016- September 30, 2017

The projected amount of funds available for twelve (12) month period is \$87,600 to fund between three or four new program sites. A separate opportunity is provided for existing trained providers of the evidence-based program required. This opportunity provides additional funding to new providers that will need to plan for training of facilitator staff member the week of August 15, 2016. 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. **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.

1.02.3 Timeline for Proposal Process, Review, Notification

Request for Application issued	June 17, 2016
Proposal deadline	July 1, 2016
Proposal review	July 5, 2016-July 8, 2016
Notification of sub grant awards	July 11, 2016
Contingencies due	July 13, 2016
Final award letters	July 15, 2016
Project period begins	August 1, 2016
Facilitator Training	August 15-17, 2016

NOTE: All dates are approximate.

1.02.4 Program Preferences and Requirements

The purpose of this federal grant program is to promote abstinence from sexual activity. The eight criteria (A-H) in section 1.02.1 comprise the federal definition of abstinence education. According to the federal funding announcement, programming delivered with these funds may not “be used in ways that *contradict* the A-H provisions” and “states...may determine the relative emphasis to place on each of the A-H components of Section 510(b)(2)”. 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.

The State of Nebraska opts to promote evidence-based programming that implements positive youth development principles, while also having demonstrated impacts on sexual activity.

State-level Abstinence Education Grant Programs are encouraged to use programming that are:

- Based on sound theoretical frameworks (e.g., social cognitive theory, theory of reasoned action, or theory of planned behavior, etc.).
- The use of intense, high dosage (at least 14 hours) program implement over a long period of time;
- The use of program that encourage and foster peer support of decisions to delay sexual activity;
- The use of programs that select educators with desired characteristics (whenever possible), train them, and provide monitoring, supervisor, and support, and,
- The use of programs that involved multiple people with expertise in theory, research, and sex and STD/HIV education to develop the curriculum.

Required Curriculum

The FY15 AEGP will support the implementation of Wyman’s Teen Outreach Program ® (TOP®) in an “abstinence only” environment. The *Changing Scenes*© curriculum of Wyman’s Teen Outreach Program® (TOP®) is owned by Wyman Center, Inc., which manages its replication as a youth development approach to build teens’ potential through knowledge, skills and confidence that help them achieve success. TOP® takes a long term, comprehensive, and positive developmental approach. As youth develop their knowledge, skills and confidence through activities and reflection, judgment and choice making skills are strengthened, which also pays dividends in the arena of risk avoidance. TOP®’s documented outcomes include dramatic reductions in teen pregnancy and course failure and school suspension rates. More information about The Wyman Center and the development of the modern-day Teen Outreach Program ® can be found in **Appendix 2.**

Changing Scenes©, has four levels and covers a wide range of topics. The emphasis is building life skills, healthy behaviors and a sense of purpose. Overall, lessons addressing sexuality comprise only 15% of the entire curriculum. Levels 1 and 2 of *Changing Scenes*© (for ages 12-14) do not include instructional information on contraception and cover the benefits of abstinence from a medically accurate standpoint. Abstinence is presented as the ‘safest, most effective method to prevent pregnancy and disease.’

Levels 3 and 4 (for ages 15-17) include content that emphasizes the health benefits of abstinence and, in addition, provides factual information about contraception and STD prevention in a developmentally appropriate manner.

In the implementation of its curriculum, Wyman is flexible, where it can be, without compromising outcomes, to aid TOP® replication partners in structuring programs to match their approach to healthy teen development. Wyman do allow TOP® replication partners for whom “abstinence only” is a core value to omit lessons that address contraception and STD prevention. While those lessons may be omitted, ***they are not to be supplanted (replaced)***. Because TOP® builds the positive potential of young people in such a comprehensive and long term way, the research that gained this program ‘evidence-based’ status indicates that the *omission or inclusion* of these lessons does not impact the predicable outcomes.

TOP® facilitators present abstinence as a safe behavior from the standpoint of medical accuracy rather than from a values standpoint. Wyman honors the family’s role to disseminate values and as the primary educators of their children. Adolescent brain research and best practice in youth development reinforce that the ‘values neutral’ facilitation within TOP® is both effective and appropriate for this age group.

TOP® Club Expectations

Continued use of the TOP® approach and Changing Scenes® curriculum is based on the fulfillment of certification criteria annually. Below is a list of TOP® club requirements and expectations based on this criteria:

- The provider must ensure all clubs meet over a 9 month period for a minimum of 25 weekly meetings. Clubs may meet more often than weekly but must still meet over a 9 month period.
- The TOP® Curriculum, Changing Scenes®, or TOP® Community Service Learning (CSL) activities are used for a minimum of 80% of the total weekly meetings.
- Clubs are planning and implementing Community Service Learning opportunities that foster the achievement of a minimum of 20 CSL hours. ***A minimum of 80% of teens who complete the 9 month TOP® dosage need to complete a minimum of 20 meaningful CSL hours.***
- Ensure that TOP® clubs are facilitated by TOP® trained facilitators. All TOP® facilitators must be trained by trainers who have completed the Wyman TOP® Training of Trainers. Other adults without TOP® facilitator training may assist in support roles but should be given an orientation to the program and should fully understand and support TOP’s® values neutral approach.
- The ratio of teens to TOP® trained facilitator must not exceed 25:1. Stronger ratios of 25:2 and 25:3 are acceptable and encouraged.
- TOP® facilitators should consistently strive to maintain levels of physical and emotional safety. Post-surveys measure teens’ level of physical and emotional safety. Outcome reports should show that 75% or more of teens report feeling physical safe and 70% or more feel emotionally safe.
- Clubs must complete teen pre- and post- surveys within designated window (4 weeks prior to and 4 weeks following the start and end dates).
- Each active club facilitator must complete an end-of-year facilitator survey
- Schedule an annual on-site club observation visit.
- Club facilitators must collect consent permissions from each teen taking surveys.

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 youth. The following table is illustrative of the state’s preferences in meeting its 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 “Evaluation Criteria” found in Appendix 5.

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
Recruitment and Retention Plan	Extremely strong recruitment and retention approach that includes Memorandum of Understandings with local partners (especially schools and after-school programs) to recruit TOP® club youth and to retain those youth for the 9 month program period. 5 Points	Moderately strong recruitment and retention plan that lists possible or probably community partnership that will aid in recruitment and retention. 2 Points	Weak recruitment and retention plan that lacks strong partnerships to ensure recruitment and retention. 0 Points

Project Requirement #1 - Target population:

1. Nebraska has identified the following target youth population groups and locations for FY 2016 AHPYD-AEGP funds:

- Vulnerable and Disconnected Youth (ages 10-14)

- Youth at-risk of or experiencing homelessness (looking for indicators such as higher than state drop out or expulsion rates, high rates of child maltreatment or neglect, or other reasonable indicators presented by applicant);
 - Youth in foster care (ages 10-14); and/or
 - Youth residing in any Nebraska county where county data for teen birth and STD/STI rates supports a need for prevention and intervention programming. (ages 10-14)
 - Youth residing in census tracts with the “high concentrated disadvantage” designation, any of the Nebraska counties where this designation exists and/or where culturally underrepresented youth populations, especially Hispanic, African American, or Native American youth reside. (ages 10-14)
 - Youth residing in any Nebraska county where disparities in teen birth rates and/or STD/STI rates are documented. (ages 10-14)
2. 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.

Project Requirement # 2 - State goals and outcome objectives: Based on science and emerging practice it is known that what are often called “youth risk” behaviors attributed to individual choices do not occur in a vacuum but are inextricably connected to a host of environmental factors. In fact, many behaviors traditionally thought of as “youth risk behaviors” are influenced by environmental factors beyond a young person’s control. It is important for youth and all who work with them to understand how many environmental factors may affect the abilities of young people to make positive or healthy choices about their physical health, mental health, social-emotional health, relationships, education, and life goals. Promoting the supportive adult’s effective role in working with youth to develop their own skills to navigate these choices within the context of all of the influencing factors is known to be the most effective way to effect youth health outcomes, facilitating their innate abilities to live safe, healthy, and successful lives.

The goals and objectives developed for Nebraska’s **AHPYD-AEGP** initiative address the connectedness and universality of youth behaviors associated with positive life outcomes. They support the strategic and comprehensive application of the principles of positive youth development and the life course framework. Nebraska’s overarching goals are duplicative of the operating guidelines developed by the Nebraska Adolescent Health Advisory Committee (NAHAC), a volunteer body made up of government, non-profit, and clinical professionals and young people. NAHAC’s twelve guiding principles (**Appendix Item 2**) provide the implementation framework for the Nebraska Adolescent Health program strives to implement.

Identified objectives for the **AHPYD-AEGP** initiative also mirror to some extent those identified and in place for Abstinence Education. By identifying and focusing on a singular set of goals, and aligning objectives consistently across all programs and initiatives, Nebraska’s ability to address and advance the health and well-being of our adolescents is comprehensive, consistent and purposeful. Goals and objectives identified for FY 2016 are as follows:

Overarching Goal statement

Nebraska adolescents are empowered to live safe, health, and successful lives through relationships with caring and supportive adults guiding them to develop healthy behaviors, healthy relationships and life skills.

AHPYD-AEGP Outcome Objectives

- Provide an evidence-based teen pregnancy prevention program within communities selected through the RFA/sub award process.
- Implement service learning opportunities for adolescents within selected sub award communities/sites.
- Nebraska adolescent ages 10-19 will demonstrate positive health behaviors
- Nebraska adolescents ages 10-19 will be successful in school achieving academic success and high school graduation
- Nebraska communities will have sustainable and comprehensive systems that support adolescents ages 10-19.

AHPYD Process Objectives

- By June 30, 2016 RFA/RFA seeking program sub awards is developed and executed (for program year beginning October 1, 2016).
- By August 31, 2016 project sub awardees are identified and implemented.
- By October 30, 2016, sub awardees and their partnering agencies/organizations are trained in selected **AHPYD AEGP** program model.
- By October 1, 2017, Nebraska's **AHPYD AEGP** initiative is implemented in at least 6-8 sites within 5- 8 targeted counties.

Outcome Objectives:

AHPYD-AEGP FY 16 funding will begin implementation October 1, 2016 and FY 17 beginning October 1, 2018.

- By October 31, 2016, targeted youth (ages 10-14) residing within counties served by selected sub awards will be recruited into abstinence-only TOP® clubs with a goal of sustaining an average participation of 10 youth each week.

- By June 30, 2017, abstinence-only TOP® clubs will have met weekly over 9 months with a minimum of 25 weekly meetings constituting a minimum of approximately 30 hours.
- By June 30, 2017 a minimum of 80% of youth who complete the 9 month abstinence-only TOP® dosage and complete a minimum of 20 hours of meaningful community service learning.
- By June 30, 2017 post survey responses demonstrate that teens feel physically and emotionally safe within abstinence-only TOP® club.
- By June 30, 2017 targeted abstinence-only TOP® participants are able to identify behaviors associated with positive health outcomes including those corresponding to school attendance, self-efficacy, community connectedness, goals setting, decision making and reducing risk for pregnancy and STDs.
- By June 30, 2017 targeted abstinence-only TOP® participants demonstrating adoption of at least three positive health behaviors including school attendance of 95% or greater.

Outcome Measures

- The number of youth (ages 10-14) residing within counties served by selected sub awards will be recruited into abstinence-only TOP® clubs with a goal of sustaining an average participation of 10 youth each week.
- The number of abstinence-only TOP® clubs will have met weekly over 9 months with a minimum of 25 weekly meetings constituting a minimum of approximately 30 hours.
- The number of teens who complete the 9 month abstinence-only TOP® dosage complete a minimum of 20 hours of meaningful community service learning.
- The number of post survey responses demonstrate that teens feel physically and emotionally safe within abstinence-only TOP® club.
- The number of targeted youth abstinence-only TOP® participants that are able to identify behaviors associated with positive health outcomes including those corresponding to school attendance, self-efficacy, community connectedness, goals setting, decision making and reducing risk for pregnancy and STDs.
- The number of youth abstinence-only TOP® participants demonstrating adoption of at least three positive health behaviors including school attendance of 95% or greater.

1.03 Eligibility Information

1.03.1 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.

1.03.2 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 ¹, 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

¹ It is permissible for Native American Tribes eligible under P.L. 93-638 to use those federal funds as match.

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 J) 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.
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.

1.04 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 Appendix 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 provider 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. Collection forms will be provided by the state prior to the start of the sub grant period (July 1, 2015). These forms will allow sub grantees to collect and submit the required data electronically.

1.05 Application Submission Information

1.05.1 Questions and Communication with Staff

Any explanation desired by a respondent regarding the meaning or interpretation of any provision of this Request for Application must be in writing and may be submitted to the point of contact at the address listed below.

Questions may be transmitted by email and clearly marked “**Abstinence Education Grant Question**”. 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/Adolescenthealth/>. The site will be updated at a minimum of every 48 hours, M-F excluding holidays through **July 1, 2016**. Please check the site before submitting questions as the question may have already been asked and answered.

Methods for submitting questions (in order of preference):

- By email to: michaela.jennings@nebraska.gov.

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

1.05.2 Proposal Submission Requirements

The following describes the requirements related to proposal submission.

To facilitate the proposal evaluation process, one (1) signed original copy of the entire proposal should be submitted by the proposal due date and time.

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 Application for Sub Grant Services form (Cover Sheet);
2. Project budget, management plan, work 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 (May 20, 2015), 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 **Attachment B**) 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 may be submitted electronically in Word or PDF 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 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.

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 Adolescent Health Program in the Lifespan Health Services Unit by email to Michaela Jennings, michaela.jennings@nebraska.gov.

1.06 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 RFA. 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 first page of RFA)**
2. Table of Contents: **The application should be presented in the order of the table of contents.**
3. Application Checklist (See Attachments Section)
4. The following Component Review Criteria and Possible Point Value:

I. Budget and Justification (Attachment J): 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 (TOP® Facilitator training will be hosted by DHHS and will cost \$50 per facilitator for a 3 day training). The Adolescent Health Program expects to fund up to eight (8) TOP clubs with a per club grant award allotment of **\$18,188-\$24,250**. The applicant may propose to facilitate more than one club if it can demonstrate the proper capacity and ability to recruit and retain youth for more than one club. 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 (Attachment J), 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.

II. Applicant Profile and Readiness: Total Points – 5 Page Limit – 7 (to include Attachment D Applicant Profile)

Provide the following information about the applicant and its readiness to implement the selected curriculum:

- Applicant provides historical information specific to past performance of any current and/or prior grants, contracts cooperative agreements or sub contracts with DHHS.
- Related/comparable programs delivered or services performed
- Cultural competency/humility
- TOP® facilities and supportive resources for TOP® club
- Potential partners/resource for community service learning component
- Familiarity with TOP® and/or other youth development programs

III. Management and Partnership Plan (Attachment E): Total Points – 35 Page Limit – 8

Provide the following information about the applicant's staffing and organizational plan:

- 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.
- Identification, qualification, and experience of TOP® site facilitator
- Organizational fiscal/administrative management of local TOP®
- Referral methods/mechanism for social/health services
- Supportive documentation e.g. organization charts and resumes
- 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.
- Type and value of cost-sharing
- Ability/willingness to implement additional, applicant-supported TOP® club
- Referral mechanism for participant social/health services
- Health care providers(s) for health referrals identified and MOU secured
- Referring school(s) collaborations and partnerships
- Additional regional/community level support and resources
- Supportive documentation of collaborations e.g. letters of support/agreement

IV. Federal and State Requirements and Expectations: Total Points – 5 Page Limit 1

- Adherence to mandatory requirements as described in Section 1.02.4
- Fidelity to TOP® requirements
- Evidence of coordination with DHHS, Division of Children & Families, Office of Probation Administration, etc.
- Participation in required training and technical assistance
- Commitment to state/federal goals and objectives
- Progress and data reporting

V. Proposal Narrative Total: Total Points – 40 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 based on the provided work plan template (Attachment C) that describes the scope of work anticipated and how the activities will meet the identified needs of the target population. The work plan will be dictated by the selected curriculum's dosage requirements of 9 months and 25 weekly meetings. Facilitators are able to do their own sequencing of lesson plans during the 9 month program. The applicant will not be able to provide lesson-specific work plan for the application phase but should use the Work Plan section to convey how they will structure their TOP club program (i.e. selection of facilitator/s, location and partnership, recruitment and retention of youth, etc.). Please refer to the *Program Preferences and Requirements in section 1.02.4* for more detailed requirements of the selected curriculum that will dictate work plans.
- C. In addition to the work plan template, the following elements should be included:
- 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.
 - how contact and coordination with Nebraska DHHS, Division of Children and Family Services or other entities 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).
 - response to mandatory requirements related to cultural competency, equal access, referrals and program training and promotion.

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.

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.

1.07 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 Applications. Applications with an omission of any required section, form, signatures, or that fail to use required forms or formats, will not advance to the next level of review. **Late, incomplete or non-compliant 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 Application which fulfill all mandatory requirements will be evaluated. Each category will have a maximum possible point potential.

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

1. The ability, capacity and skill of the applicant to deliver and implement the system or project that meets the requirements of this Request for Application;
2. The character, integrity, reputation, judgment, experience and efficiency of the applicant;
3. Whether the applicant can perform the sub grant within the specified time frame;
4. The quality of applicant performance on prior projects.

Evaluation Committee: 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 Application. No individual member of the State, employee of the State or member of the Evaluation Committee is empowered to make binding statements regarding this Request for Application.

Evaluation Criteria: Each member of the Evaluation Committee will score and comment on proposals using Evaluation 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 Appendix 5 identifies the Evaluation 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.

1.08 Amendments to the RFA

DHHS reserves the right to amend the RFA at any time prior to the application deadline. In the event DHHS decides to amend, either to add to or delete any part of this RFA, a written amendment will be posted on the DHHS Web site. Potential Applicants are advised to check the webpage http://dhhs.ne.gov/publichealth/Pages/lifespanhealth_adolescenthealth_index.aspx periodically for possible amendments to this RFA. Interested parties may also subscribe to the webpage to be automatically notified by email whenever the website is updated.

1.09 Open Competition

No attempt shall be made by any party to induce any other person or firm to submit, or not to submit, an application for the purpose of restricting competition. Such action is strictly prohibited and risks eligibility of offending entity(ies).

1.10 Withdrawal of Applications

Applications may be withdrawn, modified and resubmitted by an Applicant at any time prior to the application deadline. An Applicant desiring to withdraw its application after the deadline shall submit notification via email to Michaela Jennings, michaela.jennings@nebraska.gov.

Section 2 Terms and Conditions

2.01 General

The subgrants resulting from this RFA shall incorporate the following documents:

1. Subgrant award;
2. The original RFA;
3. Any addenda and/or amendments to the RFA, including questions and answers;
4. The signed Application Cover Sheet;
5. The Subrecipient's application; and
6. Any subgrant amendments.

Unless otherwise specifically stated in a subgrant amendment, in case of any conflict between the incorporated documents, the documents shall govern in the following order of preference with number one (1) receiving preference over all other documents and with each lower numbered document having preference over any higher numbered document: 1) the subgrant award, 2) the original RFA, 3) Request for Application addenda and/or amendments with the latest dated amendment having the highest priority, 4) the signed Application Cover Sheet, 5) the Subrecipient's application; and 6) subgrant amendments with the latest dated amendment having the highest priority.

Any ambiguity in any provision of this subgrant which shall be discovered after its execution shall be resolved in accordance with the rules interpretation as established in the State of Nebraska.

Once applications are opened they become the property of the State of Nebraska and will not be returned.

GENERAL TERMS AND ASSURANCES

See updated Terms and Assurances that include new Supercircular regulations at:
http://dhhs.ne.gov/publichealth/Pages/lifespanhealth_adolescenthealth_index.aspx

2.02 Evaluation by DHHS

2.02.1 Criteria and Scoring

All responses to this RFA which fulfill all mandatory requirements will be evaluated. Each category will have a maximum point potential. See **Appendix 5** Evaluation Criteria & Points below.

DHHS will conduct a fair, impartial and comprehensive evaluation of all applications in accordance with the criteria set forth. Areas that will be addressed and scored during the evaluation include:

2.02.2 Reference Checks

The State reserves the right to check any reference(s), regardless of the source of the reference information, including but not limited to, those that are identified by the Applicant in the application, those indicated through the explicitly-specified contacts, those that are identified during the evaluation of the application, or those that result from communication with other entities involved with similar projects.

Information to be requested and evaluated from references may include, but is not limited to, some or all of the following: project description and background, job performed, functional and technical abilities, communication skills and timeliness, accuracy, and overall performance. Only top scoring Applicants may receive reference checks and negative references may eliminate Applicants from consideration for award.

2.02.3 Protest or Grievance Procedure

Administrative procedures for filing grievances or protests are as follows:

1. Protests or grievances must be sent in writing and postmarked within ten (10) calendar days of the publication of the Notice of Intent to Award. The letter should specify “MCH RFA” and include specific issues that are to be addressed. Address the letter to: Courtney Phillips, CEO, Department of Health and Human Services, 301 Centennial Mall South, 3rd Floor, Lincoln, NE 69509.
2. A response will be made by the Chief Medical Officer, Director, Division of Public Health.
3. A meeting will be scheduled with the Applicant, the MCH Program (optional), the Chief Medical Officer, Director, Division of Public Health and the CEO of the Department of Health and Human Services to discuss the issues.
4. A written response of the final decision by the CEO of the Department of Health and Human Services will be sent to the Applicant.

* Step 3 may be eliminated if the Applicant opts to grieve simultaneously to both the Chief Medical Officer, Director, Division of Public Health and the CEO of the Department of Health and Human Services.

Section 3 – Appendices (for reference)

Appendix 1: Statutory and Regulatory Compliance

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, auditor A-133 reports. Auditor 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.*

<i>Types of Organizations</i>	Federal Authority	Cost Principles	Year-end Financial Reporting Type of Report by Payment Threshold
Not-for-profit organizations	45 CFR Part 74	A-122	<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.
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.

<p>State, Local or Tribal Government</p>	<p>45 CFR Part 92</p>	<p>A-87</p>	<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.
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Appendix 2: Program Specific Allowances and Requirements

ABOUT TOP®

Wyman's Teen Outreach Program (TOP®) is an evidence-based program that engages teens in curriculum-guided discussion and community service learning throughout the school year.

FLEXIBLE

The Changing Scene's Curriculum© has four age appropriate levels and can be used:

- In-School
- After-School
- Community-Based

EVIDENCE – BASED

TOP® has demonstrated the following results*:

52% lower risk of suspension

60% lower risk of course failure

53% lower risk of pregnancy

Observed:

60% lower risk of school dropout**

*Philliber Research, 2001. "Who Benefits Most From A Broadly Targeted Prevention Program."

**Joe Allen, "Escaping the Endless Adolescent" 2009.

TOP® *Changing Scenes* Curriculum

The TOP® *Changing Scenes* lesson plans guide conversations around topics of particular interest to adolescents. Research shows that while there are some commonalities among adolescents aged 12-19, there are also many variations along the developmental continuum in relationship to needs, skills and capabilities. The curriculum, divided into four levels, is designed to address the ever-shifting landscape of this population.

Level 1

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

Level 2

While younger adolescents aged 12-13 are entering puberty and overwhelmed by new emotions and body changes, 14 year olds are often experiencing their first love, searching for their own identity,

or confronting new peer pressure. Emphasis in the curriculum at this level is on self-awareness, dealing with emotions, accepting responsibility and decision-making.

Level 3

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

Level 4

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

Service Learning Options

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

Direct Service

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

Indirect Service

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

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

Not Considered Service

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

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

Reporting

- a. The specific reporting requirements will be provided to the ultimate sub-awardees.
- b. Regular reporting assists in establishing a systematic framework for Subrecipients to monitor and evaluate their program / project.
- c. Reporting assists DHHS with its monitoring requirements as the pass-through for federal block grant funds.
- d. Reporting is one source of ongoing communication which allows Subrecipients to keep DHHS informed. Non-compliance issues and technical assistance needs may be identified in the reporting process.
- e. Reporting is the mechanism that allows the reimbursement of Subrecipients' expenses related to the MCH subgrant-funded work.
- f. MCH subgrant reports are submitted to DHHS on a quarterly basis. The 4th Quarter Report incorporates final reporting data tables. The Quarterly Report for MCH Grant funds includes an update of the Work Plan and a report of expenditures of grant and match.

Subrecipient Reporting Requirements for PY 2015-2016

Report	Date Due	Period Covered
1 st Qtr Work Plan Report 1 st Qtr Expenditure Report	January 15, 2016	<u>1st Qtr</u> October 2015 November 2015 December 2015
2 nd Qtr Work Plan Report 2 nd Qtr Expenditure Report	April 15, 2016	<u>2nd Qtr</u> January 2016 February 2016 March 2016
3 rd Qtr Work Plan Report 3 rd Qtr Expenditure Report	July 15, 2016	<u>3rd Qtr</u> April 2016 May 2016 June 2016
4 th Qtr/Final Work Plan Report 4 th Qtr/Final Expenditure Report Final Data Tables	Nov. 30, 2016	<u>4th Qtr</u> July 2016 August 2016 September 2016

Appendix 3: Certifications

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

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

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

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.

**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

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).

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

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

Appendix 4: National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS)

National CLAS Standards

What are the National CLAS Standards?

The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (the National CLAS Standards) are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. Adoption of these Standards will help advance better health and health care in the United States.

From 2010 to 2012, the HHS Office of Minority Health undertook the National CLAS Standards Enhancement Initiative. Each of the Standards was revised for greater clarity and focus. The original National CLAS Standards designated each Standard as a recommendation, mandate, or guidelines. The CLAS Standards were enhanced to:

- promote collective adoption of all Standards to be viewed as equally important to advance health equity, improve quality, and help eliminate health care disparities;
- elevate the previous Standard 1 to the Principal Standard;
- add a new Standard focused on the role of governance and leadership relative to CLAS to emphasize the importance of CLAS being integrated throughout an organization, which requires a bottom-up and top-down approach to advancing and sustaining CLAS;
- reframe the Standards in three themes to clarify intent and broaden the scope of their interpretation and application; and
- begin each of the 15 Standards with an action word to emphasize how the desired goal may be achieved.

How are the Standards Implemented?

Accompanying the National CLAS Standards is a technical assistance document entitled, *The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Sustaining CLAS Policy and Practice (The Blueprint)*, which aims to provide comprehensive, but not exhaustive, information on each Standard. The *Health Care Language Services Implementation Guide* is available at <https://hclsig.thinkculturalhealth.hhs.gov/>.

The Enhanced National CLAS Standards

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Visit <https://www.thinkculturalhealth.hhs.gov/Content/clas.asp> to access the National CLAS Standards and a variety of accompanying documents.

Appendix 5: Evaluation Criteria

Component Review Criteria and Possible Point Value
<p><u>I. 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 current indirect cost rate agreement (required) is attached if budget includes indirect costs.
<p><u>II. Applicant Profile and Readiness – 5 Points – 2 Page Limit</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. - Related/comparable programs delivered or services performed - Cultural competency/humility - TOP® facilities and supportive resources for TOP® club - Potential partners/resource for community service learning component - Familiarity with TOP® and/or other youth development programs
<p><u>III. Management & Partnership Plan – 35 Points – 8 Page Limit</u></p> <ul style="list-style-type: none"> - 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. - Identification, qualification, and experience of TOP® site facilitator - Organizational fiscal/administrative management of local TOP® - Referral methods/mechanism for social/health services - Supportive documentation e.g. organization charts and resumes - 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. - Type and value of cost-sharing - Ability/willingness to implement additional, applicant-supported TOP® club - Referral mechanism for participant social/health services - Health care providers(s) for health referrals identified and MOU secured - Referring school(s) collaborations and partnerships - Additional regional/community level support and resources - Supportive documentation of collaborations e.g. letters of support/agreement
<p><u>V. Federal and State Requirements and Expectations – 5 Points – Page Limit - 1</u></p> <ul style="list-style-type: none"> - Fidelity to TOP® requirements - Evidence of coordination with DHHS, Division of Children & Families, Office of Probation Administration, etc. - Participation in required training and technical assistance - Commitment to state/federal goals and objectives - Progress and data reporting - Adherence to mandatory requirements as described in Section 1.02.4
<p><u>VI. Proposal Narrative – 40 Points</u></p> <p>A. Needs Assessment</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

B. Project Work Plan

- 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 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.

Total Score: 100

State Preferences – Bonus Points (Refer to table on page 6 of RFP for description of preferences) Total Bonus Points Possible = 15

Proposals will be assessed bonus points for one level in each category. Applicants who achieve the optimal 5 points under the “Recruitment & Retention Plan” category will have demonstrated that 70% of resources (staffing, budget) are dedicated to criteria listed in table referenced.

<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. Recruitment & Retention Plan:	Preferred- 5 Points	Acceptable – 2 Points	Least Preferred - 0 Points

Total Possible Score With Bonus Point: 115

Appendix 6: Sub-recipient Reporting Requirements for PY 2016-2017

Report	Date Due	Date Submitted	Period Covered
<i>“Projection” of 1st Quarter expenses (identified expense obligations expected by 9/30/15 as aligned with approved budget)</i>	July 1, 2016		August 1- September 30, 2016
1st Quarter – 12 Month Grant Period Expenditure Report/Reimbursement Request– Actual Progress Report Attendance & CSL Tracking Sheet	October 15, 2016		August 1 – September 30, 2016
2nd Quarter – 12 Month Grant Period Expenditure Report/Reimbursement Request– Actual Progress Report Attendance & CSL Tracking Sheet	January 15, 2017		October 1-December 31, 2016
3rd Quarter – 15 Month Grant Period Expenditure Report/Reimbursement Request– Actual Progress Report Attendance & CSL Tracking Sheet	April 15, 2017		January 1- March 31, 2017
4th Quarter – 15 Month Grant Period Expenditure Report/Reimbursement Request– Actual Progress Report Attendance & CSL Tracking Sheet	July 15, 2017		April 1- June 30, 2017

Section 5 – Attachments

Attachment A: Application Requirement Checklist

✓	<p>Application Materials Checklist (Fillable forms are hi-lited, and are available at www.dhhs.ne.gov/adolescenthealth)</p>
	ATTACHMENT A – Application Requirement Checklist
	Application Cover Sheet – first page of RFA, print REQUIRED form– must be signed.
	Table of Contents – strongly encouraged, but not required.
	Abstract – strongly encouraged, but not required. <u>Briefly</u> describe the proposed project/services and the <u>organization and collaborative partners</u> implementing the activities.
	Applicant Profile -- REQUIRED form, using instructions in ATTACHMENT B
	Narrative and Work Plan – REQUIRED . Contents listed in Section 1.06. Use of format in ATTACHMENT C is strongly encouraged. Logic model is optional.
	Narrative, Management & Partnership Plan – REQUIRED form, using instructions in ATTACHMENT D
	Personnel Detail – REQUIRED form, using instructions in ATTACHMENT E
	Contractor Information – as relevant, using instructions in ATTACHMENT F
	Personnel Cost Worksheet – REQUIRED form, using instructions in ATTACHMENT G
	Budget Justification – REQUIRED process using instructions in ATTACHMENT H ; use of form/format is strongly encouraged.
	Line Item Budget – REQUIRED form ATTACHMENT I
	Proof of non-profit status – as relevant
	Letter of support from Tribal Council – as relevant
	Memorandum(s) of Understanding – as relevant;
	Indirect Cost Rate Agreement – as relevant; submit if indirect costs are budgeted

Attachment B: Applicant Profile

Organization Name: _____

Completed by: _____ Title: _____

Date Completed: _____

Organizational Structure	Identify the legal structure and state of incorporation or registration, if applicable	Description:
	Evidence of authorization to do business in Nebraska	<p>Check the type of organization of the applicant agency:</p> <p><input type="checkbox"/> Governmental (County, State, City, or other governmental organization)</p> <p><input type="checkbox"/> Non-profit/501(c)3</p> <p><input type="checkbox"/> Other</p> <p>If marked “Other”, Applicant must be currently registered with the Nebraska Secretary of State’s office to do business in Nebraska or agrees to register if Applicant is awarded a subgrant.</p>
Background & Overview	History of Organization	

	Mission statement	
	Vision statement	
Subgrant or Contract History with DHHS	Has the Applicant or a contractor held a subgrant or contract with DHHS in the past 3 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete information below. Additional lines may be added.)
	Subgrant or Contract:	
	Contact person(s):	
	Telephone:	
Brief description:		
Subgrant or Contract:		
Contact person(s):		
Telephone:		
Brief description:		

	<p>Subgrant or Contract:</p> <p>Contact person(s):</p> <p>Telephone:</p> <p>Brief description:</p>	
Disclosure of Litigation *	<p>Is there any litigation, administrative, or regulatory proceedings pending or threatened against the Applicant or its contractor(s)?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete information below)</p>
Disclosure of Subgrant or Contract Termination * (preceding 3 years)	<p>Has Applicant or contractor(s) terminated a subgrant or contract?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete information below)</p>
	<p>Has Applicant or contractor(s) had a subgrant or contract terminated?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete information below)</p>
	<p>Subgrant or Contract:</p> <p>Contact person(s):</p> <p>Telephone:</p> <p>Brief description of incident:</p>	
	<p>Subgrant or Contract:</p> <p>Contact person(s):</p> <p>Telephone:</p> <p>Brief description of incident:</p>	

	Subgrant or Contract: Contact person(s): Telephone: Brief description of incident:	
Disclosure of Contract Default * (preceding 3 years)	Has Applicant or contractor defaulted on contract(s)?	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete information below)
	Contract or subcontract: Contact person: Telephone: Brief description of incident:	
	Contract or subcontract: Contact person: Telephone: Brief description of incident:	
	Contract or subcontract: Contact person: Telephone: Brief description of incident:	

**Failure to disclose such matters may result in rejection of the application or in termination of any subsequent subgrant. This is a continuing disclosure requirement. Any such matter commencing after submission of an application must be disclosed in a timely manner in a written statement to DHHS.*

Audited Financial Statement

1. Does the agency currently hold a contract with DHHS?
 Yes (go to #2) No (go to #3)

2. Has the agency submitted audit reports (or operating statement if nonprofit organization) to DHHS for the preceding three year period?
 Yes (no additional information is needed) No (go to #3)

3. If agency responded “no” to either #1 or #2 above, provide an audited financial statement for the preceding three (3) year period as part of the proposal appendices. Nonprofit corporations whose previous funding level has not required an audited financial statement shall submit a year end operating statement and balance sheet for the preceding three (3) year period and a current operating statement in lieu thereof.

Attachment C: Work Plan

This sample is brief and incomplete and is intended to demonstrate the relationship between elements. Application should include a fully-developed Work Plan for the project period using this required form.

Process Objective (Broad Step)	Activities	Resources	15-Month Timeline															
			2015					2016										
			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
1. By September 30, 2015 TOP clubs 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	X														
	3. Identify/recruit youth program participants	Sub Grant Director, project facilitators, project partners		X	X													
	4. Secure project curriculum and materials (\$500/set)	Sub Grant Director, project partners	X	X	X													

Attachment D: Narrative, Management & Partnership Plan

The Management Plan describes the procedures for successfully managing the Work Plan and Budget for the subgrant. Charts, tables and flow charts are particularly helpful in developing a Management Plan and to clearly communicate the Management Plan to members of the Evaluation Committee. **Respond in the space below each component. The space will expand as information is typed into the table. Include charts or tables that support the narrative. At a minimum, attach an organizational chart of the Applicant organization.**

Component	Instructions
1. Background & Demonstrated Effectiveness & Experience	a. In narrative format, include the Applicant’s background that has prepared them for this work. b. If contractors are identified, the Applicant should provide any previous experience working with and managing contractors.
2. Policies, Procedures and applicable requirements.	Identify policies, procedures, orders, or other key instructions that represent a basic framework to be used in the implementation and monitoring of the grant-funded activities. Depending on the nature of the Work Plan, describe applicable requirements and how those will be addressed, i.e. confidentiality and security of records, clinic licensure, scope of practice/supervision of medical personnel, quality assurance, a plan to achieve compliance with the four mandated National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) in Appendix 4. Describe compliance with those identified.
3. Fiscal Management	a. Describe the Applicant’s fiscal and administrative ability to administer grant funds. At a minimum, this should include a clear statement about the qualifications of staff responsible for accounting / financial reporting.
4. Program Management	a. Describe how the scope of work and basic program requirements described in the application will be successfully managed and completed. b. If a position is vacated, describe how the Applicant would continue to provide services or perform activities until a qualified replacement is hired; c. Describe how contractors will be monitored for compliance with state and federal requirements.

5. Quality improvement process	Describe the Applicant’s quality improvement processes and plans for monitoring the grant, including: a. Reviews to monitor services or activities and participant / stakeholder satisfaction; b. Methods used for overseeing that activities are performed, monitored and evaluated based on a proven strategies and/or evidence-based approach, and c. Procedures for implementing corrective action.
6. Training and development	a. Describe all leadership development and continuing professional education opportunities for staff. b. Describe the commitment of your organization to and involvement in staff development.
7. Community partnerships	Describe the Applicant’s capacity to engage community partners in planning and implementing activities. This includes the applicants approach to including youth voice its work, as applicable.
8. Start-up activities	Describe the Applicant’s plans to start-up and begin implementation of services or project activities.
9. Sustainability of activities	Sustainability of activities is critical in identifying the best strategies to improve long-term health outcomes. Applicant must describe activities that will maximize and coordinate existing resources acquire additional resources in the future (if applicable), and/or maintain work products developed through the project.
10. Referral mechanism and partners	Describe the medical, social, and health services referral partners that will be available to refer youth to if needs arise. MOU should be secured and included.

Attachment E: Personnel Detail

For each position, describe the scope of responsibility specific to the subgrant. Depending on the nature of the position in the subgrant, further describe for each position its connection to the objectives/activities of the *Work Plan* or the *Management Plan*.

Key personnel positions are defined in the table, below. For key personnel positions that are currently vacant, write “vacant” and indicate the anticipated date of hire in the name block on the form.

Key Personnel	Definition
Executive Director or similar title	Name, experience and license number as applicable - Complete and provide the name of the person who has overall responsibility and authority for administering the program in which the entity is applying for the funds.
Program Administrator/MCH Coordinator	Name, experience, license number as applicable - Complete the table by providing the name of the individual with direct day-to-day responsibility for this program.
Fiscal Director	Name, experience, license number as applicable. Complete the table by providing the name of the individual with overall responsibility and authority for financial management of this program.

Key Personnel:

Expand table as necessary

Title/Position Description	Name	Applicant Staff or Contractor	Credentials/ License #	Expertise/ Experience
1.				
Describe its connection to Work Plan and/or Management Plan:				
2.				
Describe its connection to Work Plan and/or Management Plan:				
3.				
Describe its connection to Work Plan and/or Management Plan:				

4.				
Describe its connection to Work Plan and/or Management Plan:				

Additional Personnel:

Expand table as necessary

Title/Position Description	Name	Applicant Staff or Contractor	Credentials/ License #	Expertise/ Experience
1.				
Describe its connection to Work Plan and/or Management Plan:				
2.				
Describe its connection to Work Plan and/or Management Plan:				
3.				
Describe its connection to Work Plan and/or Management Plan:				
4.				
Describe its connection to Work Plan and/or Management Plan:				

Attachment F: Contractor Information

List all individuals and/or organizations that are proposed as contractors, under the grant funds, to provide services to the Applicant. Include all of the following information for each contractor. Expand the table as necessary.

1. Name of contractor	
a. Organizational affiliation, if applicable	
b. Nature of services to be rendered	
c. Relevant of service to the Work Plan	
d. Basis of the fee	
e. Projected expense (travel, per diem, other associated costs)	
2. Name of contractor	
a. Organizational affiliation, if applicable	
b. Nature of services to be rendered	
c. Relevant of service to the Work Plan	
d. Basis of the fee	
e. Projected expense (travel, per diem, other associated costs)	
3. Name of contractor	

a. Organizational affiliation, if applicable	
b. Nature of services to be rendered	
c. Relevant of service to the Work Plan	
d. Basis of the fee	
e. Projected expense (travel, per diem, other associated costs)	

Attachment G: Personnel Cost Worksheet

This is an embedded image of an Excel worksheet. To access the file to use in an application, visit <http://dhhs.ne.gov/adolescenthealth>

Personnel Cost Worksheet												
INSTRUCTIONS: Notice the two sections "For the Organization" and "Allocable to Grant Project". The # of hours for an employee may, or may not, have the same value in both sections. For each employee, enter data in cells highlighted yellow. Values in protected cells will calculate based on entered data. Transfer the totals for column J and column K to the <u>Budget Justification</u> and the <u>Budget & Expense worksheets</u> .		Full-time equivalent (FTE) is a unit to measure workload. 1.0 FTE is equivalent to full-time (100%) or 2,080 hrs/yr. 0.50 FTE is half-time (50%). Example: Worker is hired 0.50 FTE (1,040 hours) @ \$24,000 to work on both grant and non-grant activities. It is anticipated that the employee will work 310 hours on grant activities, which is 0.30 FTE, or 30%, for the grant. The salary/wage budgeted for the grant for that employee is \$7,153.85. Fringe benefits calculate based on the values entered. A worksheet sample is provided in the 2nd tab.					Formulas ¹					
							column D =	column C divided by 2,080				
							column I =	column H divided by column C				
							column J =	column E multiplied by column I				
							column K =	column F multiplied by column I				
							column G =	column E plus column F				
							column L =	column J plus column K				
						¹ based on 40 hrs/wk x 52 wks/yr = 2,080 hrs/yr						
A	B	C	D	E	F	G	H	I	J	K	L	
		For The Organization					Allocable to the Grant Project (may include match) ²					
Employee Name	Job Title	Annual # of Hours	Organization FTE	Annual Salary / Wage \$	Annual Fringe Benefits \$	Organization Salary + Fringe	# of hours for GRANT	FTE for GRANT	Salary/Wage \$ for GRANT	Fringe Benefits \$ for GRANT	Salary/Wage + Fringe \$ for GRANT	
Pat Smith	Project Coordinator	2080	1.00	\$59,900.00	\$14,900.00	\$74,800.00	1250	0.60	\$ 35,997.60	\$ 8,954.33	\$44,951.92	
Terry Jones	Project Assistant	1040	0.50	\$24,000.00	\$ 3,000.00	\$27,000.00	310	0.30	\$ 7,153.85	\$ 894.23	\$ 8,048.08	
tbd as per MOU	meeting facilitator	500	0.24	\$ 6,000.00		\$ 6,000.00	300	0.60	\$ 3,600.00	\$ -	\$ 3,600.00	
		0	0.00			\$ -		0.00	\$ -	\$ -	\$ -	
		0	0.00			\$ -		0.00	\$ -	\$ -	\$ -	
		0	0.00			\$ -		0.00	\$ -	\$ -	\$ -	
		0	0.00			\$ -		0.00	\$ -	\$ -	\$ -	
		0	0.00			\$ -		0.00	\$ -	\$ -	\$ -	
							1860	1.50	\$ 46,751.44	\$ 9,848.56	\$56,600.00	
							TOTALS					
² This worksheet is not intended to show calculations for vendor services in contract(s). The nature of the relationship should be clear; i.e. contractors are not employees of the subrecipient. Any contract under the subgrant should be described in the Budget Justification, including the basis for the fee which may include costs for personnel services.												

Attachment H: Budget Justification

Applicant shall use the *Budget Justification* to subsequently prepare the *Line Item Budget* (ATTACHMENT I). The *Budget Justification* provides critical information to the Evaluation Committee. This sample is brief and incomplete, and is intended to illustrate the relationship between the *Personnel Cost Worksheet* (ATTACHMENT G), the *Budget Justification* and the *Line Item Budget* (ATTACHMENT I). Cost categories and line items are provided as examples only; **the category headings and line items may be edited to fit the unique characteristics of the Applicant organization.** Unused cells may be deleted, or cells may added as needed. Applicant shall utilize a similar methodology to describe and show the calculations for the \$ amount in the budget for entries not represented in the following table. **Prepare a budget for the federal fiscal year that begins August 1, 2016 and ends September 30, 2017.** For form, go to: <http://dhhs.ne.gov/adolescenthealth>

PY 2016-2017 (July 1, 2016 – September 30, 2017)

100 PERSONNEL	This category includes all personnel costs (paid as salary or hourly wage) for actual hours worked, paid vacation, sick, holiday and other compensated time off, and fringe benefits.			
100.1 Salary / Wage	\$ 36,000.00	<input checked="" type="checkbox"/> grant	<input type="checkbox"/> match	<i>Enter the total amount from the Personnel Cost Worksheet (Attachment H) which details the salaries/wages for each position.</i>
If match, identify the type and source:				
Describe any anticipated changes to personnel costs; such as a need to increase/decrease staff, pay increases, etc. Pat Smith, Project Coordinator, is 1.0 FTE, of which 60% is projected for the grant. A 2% cost of living increase is budgeted, and is shown in the FY 2016 budget.				
100.1 Salary / Wage	\$ 7,153.85	<input type="checkbox"/> grant	<input checked="" type="checkbox"/> match	
If match, identify the type and source:				
This is cash matching, and the source is the Community Partnership Grant awarded to Applicant by the ABC Foundation. Terry Jones, Project Assistant, is .50 FTE, of which 30% is projected for this project. Describe any anticipated changes to personnel costs; such as a need to increase/decrease staff, pay increases, etc. A 2% wage increase is budgeted, and is shown in the FY 2016 budget.				
100.1 Salary / Wage	\$ 3,600.00	<input type="checkbox"/> grant	<input checked="" type="checkbox"/> match	<i>Show or describe how value is assessed to the third-party contributions.</i>
If match, identify the type and source:				

<p>This is in-kind from XYZ Community Initiatives, which commitment is described in the MOU between the parties. XYZ offers one of its employee's time to assist with meeting facilitation, based on the position's regular hourly wage. 300 hours x \$12.00/hour = \$3,600.</p>			
<p>Describe any anticipated changes to personnel costs; such as a need to increase/decrease staff, pay increases, etc.</p>			
100.2 Fringe Benefits	\$ 9,000.00	<input checked="" type="checkbox"/> grant	<input type="checkbox"/> match
<p>If match, identify the type and source:</p>			<p><i>Fringe may include: taxes; retirement plans and insurances such as health, dental, disability, life and worker's compensation.</i></p>
<p>Describe any anticipated changes to personnel costs; such as a need to increase/decrease staff, pay increases, etc.</p> <p>Pat Smith, Project Coordinator, is paid the following benefits, each shown as the allocable portion for this grant project:</p> <p>(show calculations)</p>			
100.2 Fringe Benefits	\$ 894.23	<input type="checkbox"/> grant	
<p>If match, identify the type and source:</p> <p>This is cash matching, and the source is the Community Partnership Grant awarded to Applicant by the ABC Foundation.</p>			
<p>Describe any anticipated changes to personnel costs; such as a need to increase/decrease staff, pay increases, etc.</p> <p>Terry Jones, Project Assistant, is paid the following benefits, each shown as the allocable portion for this grant project:</p> <p>(show calculations)</p>			
200 RECRUITMENT & DEVELOPMENT	<p>This category contains a variety of costs associated with staff recruitment and professional development. Travel for staff development is included in the Operating category, and may be separated out from travel for program / project activities.</p>		
200.1 Registration Fees	\$	<input type="checkbox"/> grant	<input type="checkbox"/> match
<p>If match, identify the type and source:</p>			
<p>List the type of education/training, or name/location of meeting/conference. Show calculations for the \$ amount.</p>			

200.2 Lodging & Meals	\$	<input type="checkbox"/> grant	<input type="checkbox"/> match											
If match, identify the type and source:														
Identify costs by training event name and location. Show calculations for the \$ amount.														
200.3 Job Advertisement	\$	<input type="checkbox"/> grant	<input type="checkbox"/> match											
If match, identify the type and source:														
List all types of advertisement methods. Show calculations for the \$ amount.														
200.4	\$	<input type="checkbox"/> grant	<input type="checkbox"/> match											
If match, identify the type and source:														
Show calculations for the \$ amount.														
300 OPERATING	This category includes a variety of costs associated with administering the business of an organization on a day-to-day basis. Supplies mean all tangible personal property other than equipment as defined in that category.													
300.1 Project supplies	\$	145.00	<input checked="" type="checkbox"/> grant	<input type="checkbox"/> match										
If match, identify the type and source:														
List all types of supplies necessary for implementation of project or program activities. Show calculations for the \$ amount.														
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Reusable plastic sleeve name badges</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: right;">\$ 45.00</td> <td colspan="2"></td> </tr> <tr> <td>Coffee and tea</td> <td></td> <td style="text-align: right;">\$ 100.00</td> <td colspan="2"></td> </tr> </table>					Reusable plastic sleeve name badges		\$ 45.00			Coffee and tea		\$ 100.00		
Reusable plastic sleeve name badges		\$ 45.00												
Coffee and tea		\$ 100.00												
300.2 Office supplies	\$	275.00	<input checked="" type="checkbox"/> grant	<input type="checkbox"/> match										
If match, identify the type and source:														
List all types of office supplies necessary and specific to this grant. Show calculations for the \$ amount.														
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Paper – 12 reams x \$7.50/ream</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: right;">\$ 90.00</td> <td colspan="2"></td> </tr> </table>					Paper – 12 reams x \$7.50/ream		\$ 90.00							
Paper – 12 reams x \$7.50/ream		\$ 90.00												
<i>Program supplies may include participation incentives, name badges, etc. Food is allowable in this item if it is essential in the performance of the award, it is reasonable, and in keeping with Applicant's business policy.</i>														
<i>Office supplies often include items such as paper, printer ink, copier toner, pens, etc.</i>														

Markers – 2 packets x \$5.00/pack				\$ 10.00	
Printer (color) ink – 1 value packs				\$ 45.00	
Copier toner – 1 cartridge				\$ 130.00	
300.3 Education Material	\$	700.00	<input checked="" type="checkbox"/> grant	<input type="checkbox"/> match	<i>Curriculum and materials for educational purposes, and/or public information</i>
If match, identify the type and source:					
List all types of supplies. Show calculations for the \$ amount.					
Discussion guides: \$3.50 each x 200 = \$700 \$ 700.00					
300.4 Rent, Utilities & Janitorial Services	\$		<input type="checkbox"/> grant	<input type="checkbox"/> match	
If match, identify the type and source:					
List all types of supplies. Show calculations for the \$ amount.					
300.5 Insurance	\$		<input type="checkbox"/> grant	<input type="checkbox"/> match	<i>Non-personnel insurances, e.g. auto and property.</i>
If match, identify the type and source:					
List all types of non-personnel insurance. Show calculations for the \$ amount.					
300.6 Audit/Related Svcs	\$		<input type="checkbox"/> grant	<input type="checkbox"/> match	
If match, identify the type and source:					
Show calculations for the \$ amount.					
300.7 Rental Equipment	\$	225.00	<input checked="" type="checkbox"/> grant	<input type="checkbox"/> match	<i>Rental equipment may include copier, postage meter, and other items that are rented due to maintenance, length of use, or other factors for which a purchase is not as desirable</i>
If match, identify the type and source:					
Show calculations for the \$ amount.					
Copier: \$450 based on 3,000 copies/month for Applicant; 1,000 copies for this project,					

allocable costs		\$ 150.00		
Postage meter: (etc.)		\$ 75.00		
300.8 Meeting Facilities	\$	1,685.00	<input type="checkbox"/> grant	<input checked="" type="checkbox"/> match
If match, identify the type and source:				
In-kind from local community college, public schools, and community center to hold community organizing meetings and large public forums.				
Show calculations for the \$ amount.				
community college – \$75/hour x two 2-hour forums \$ 300.00				
Mason Public School - \$35/hour x five 3-hour mtgs \$ 525.00				
Brookside Public School-\$30/hour x four 3-hour mtgs \$ 260.00				
community center - \$20/hour x ten 3-hour meetings \$ 600.00				
300.9	\$		<input type="checkbox"/> grant	<input type="checkbox"/> match
If match, identify the type and source:				
Show calculations for the \$ amount.				
300.10	\$		<input type="checkbox"/> grant	<input type="checkbox"/> match
If match, identify the type and source:				
Show calculations for the \$ amount.				
400 COMMUNICATION This category includes costs for all forms of communication.				
400.1 Telephone	\$		<input type="checkbox"/> grant	<input type="checkbox"/> match
If match, identify the type and source:				
Show calculations for the \$ amount.				
400.2 Internet	\$		<input type="checkbox"/> grant	<input type="checkbox"/> match

This includes land line phone, long distance charges, and cell phone plans/service.

If match, identify the type and source:			
Show calculations for the \$ amount.			
400.3 Postage	\$	<input type="checkbox"/> grant	<input type="checkbox"/> match
If match, identify the type and source:			
Show calculations for the \$ amount.			
500 TRAVEL	This category includes all program/project related travel, but does not include travel for staff development.		
500.1 Automobile	\$	<input type="checkbox"/> grant	<input type="checkbox"/> match
If match, identify the type and source:		<i>Indicate if volunteers are reimbursed for travel, or if the value is assessed a value and contributed as in-kind.</i>	
Identify if vehicle(s) used for program travel are agency or personal. Identify mileage rates used.			
500.2 Insurance	\$	<input type="checkbox"/> grant	<input type="checkbox"/> match
If match, identify the type and source:		<i>Include automobile insurance here if not recovered in the mileage rate or under Operations.</i>	
Identify types of travel, e.g. air, automobile. For travel by automobile, identify if vehicle(s) used for program travel are agency or personal. Identify mileage rates used, purpose(s) of travel.			
500.3	\$	<input type="checkbox"/> grant	<input type="checkbox"/> match
If match, identify the type and source:			
Show calculations for the \$ amount.			
500.4	\$	<input type="checkbox"/> grant	<input type="checkbox"/> match
If match, identify the type and source:			

Show calculations for the \$ amount.									
500.5	\$	<input type="checkbox"/> grant	<input type="checkbox"/> match						
If match, identify the type and source:									
Show calculations for the \$ amount.									
500.6	\$	<input type="checkbox"/> grant	<input type="checkbox"/> match						
If match, identify the type and source:									
Show calculations for the \$ amount.									
600 EQUIPMENT		Equipment means tangible, non-expendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. Organizations may use own definition, provided that such definition would at least include all equipment defined above.							
600.1 Computer	\$ 1,300.00	<input checked="" type="checkbox"/> grant	<input type="checkbox"/> match						
If match, identify the type and source:									
Show calculations for the \$ amount.									
<table> <tr> <td>Purchase of 1 laptop, includes basic software</td> <td>\$900.00</td> </tr> <tr> <td>Software to assist with organizing meetings</td> <td>\$250.00</td> </tr> <tr> <td>Portable printer</td> <td>150.00</td> </tr> </table>				Purchase of 1 laptop, includes basic software	\$900.00	Software to assist with organizing meetings	\$250.00	Portable printer	150.00
Purchase of 1 laptop, includes basic software	\$900.00								
Software to assist with organizing meetings	\$250.00								
Portable printer	150.00								
600.2 Office Furniture	\$ 1,500.00	<input type="checkbox"/> grant	<input checked="" type="checkbox"/> match						
If match, identify the type and source:									
In-kind donation by local office supply company. Assessed value is retail price.									
Show calculations for the \$ amount.									
<table> <tr> <td>new desk and chair</td> <td>500.00</td> </tr> <tr> <td>used conference table with 12 chairs</td> <td>1,000.00</td> </tr> </table>				new desk and chair	500.00	used conference table with 12 chairs	1,000.00		
new desk and chair	500.00								
used conference table with 12 chairs	1,000.00								
<i>This may include hardware and software, and printing device used with computers.</i>									
<i>This may include desk, chair, bookcase, etc. Rental of office equipment, e.g. copier, may be under Operating.</i>									

600.3	\$	<input type="checkbox"/> grant	<input type="checkbox"/> match
If match, identify the type and source:			
Show calculations for the \$ amount.			
600.4	\$	<input type="checkbox"/> grant	<input type="checkbox"/> match
If match, identify the type and source:			
Show calculations for the \$ amount.			
600.5	\$	<input type="checkbox"/> grant	<input type="checkbox"/> match
If match, identify the type and source:			
Show calculations for the \$ amount.			
600.6	\$	<input type="checkbox"/> grant	<input type="checkbox"/> match
If match, identify the type and source:			
Show calculations for the \$ amount.			
700 CONTRACTUAL	This category is for any contract agreement(s) that Applicant plans to enter into as part of the proposed work. This may include contractual services as relevant to the work plan.		
700.1 (Contractor)	\$	<input type="checkbox"/> grant	<input type="checkbox"/> match
If match, identify the type and source:			

Refer to Attachment G to describe the calculations for this named contractor.			
700.2 (Contractor)	\$	<input type="checkbox"/> grant	<input type="checkbox"/> match
If match, identify the type and source:			
Refer to Attachment G to describe the calculations for this named contractor.			
700.3 (Contractor)	\$	<input type="checkbox"/> grant	<input type="checkbox"/> match
If match, identify the type and source:			
Refer to Attachment G to describe the calculations for this named contractor.			
700.4	\$	<input type="checkbox"/> grant	<input type="checkbox"/> match
If match, identify the type and source:			
Show calculations for the \$ amount.			
700.5	\$	<input type="checkbox"/> grant	<input type="checkbox"/> match
If match, identify the type and source:			
Show calculations for the \$ amount.			
700.6	\$	<input type="checkbox"/> grant	<input type="checkbox"/> match
If match, identify the type and source:			
Show calculations for the \$ amount.			
800 INDIRECT COST		If claiming indirect costs, identify the base used in establishing the rate, state the rate, and show the calculation leading to the budget of indirect costs in this category / line item. Attach a copy of a negotiated rate agreement.	
800.1	\$	10,450.47	<input checked="" type="checkbox"/> grant <input type="checkbox"/> match

	<i>See</i>
If match, identify the type and source:	
<p>Show calculations for the \$ amount.</p> <p>See Negotiated Rate Agreement attached. The provisional rate of 19.7% is applied to the base (grant salary + fringe benefits = \$53,048.08). $\\$53,048.08 \times .197 = \\$10,450.47$</p>	

Attachment I: Line Item Budget

This sample is brief and incomplete, and is intended to illustrate the relationship between the *Personnel Cost Worksheet* (ATTACHMENT G), the *Budget Justification* (ATTACHMENT H), and the *Line Item Budget* (ATTACHMENT I). The categories, line items, and \$ amounts from the *Budget Justification* (ATTACHMENT H) are brought into *Line Item Budget* (ATTACHMENT I).

ABC Organization			
Budget Line Items	ORIGINAL approved budget		
	Subgrant Funds	Match	
		Cash	In-kind
100 PERSONNEL			
100.1 Wage-Project Coord	\$ 35,997.60	\$ -	\$ -
100.1 Wage-Project Asst	\$ -	\$ 7,153.85	\$ -
100.1 Wage-Mtg Facilitator	\$ -	\$ -	\$ 3,600.00
100.2 Benefits-Project Coord	\$ 8,954.33	\$ -	\$ -
100.2 Benefits-Project Asst	\$ -	\$ 894.23	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
300 OPERATING			
300.1 Project Supplies	\$ 145.00	\$ -	\$ -
300.2 Office Supplies	\$ 275.00	\$ -	\$ -
300.3 Education Materials	\$ 700.00	\$ -	\$ -
300.7 Rental Equipment	\$ 225.00	\$ -	\$ -
300.9 Meeting Facilities	\$ -	\$ -	\$ 1,685.00
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
600 EQUIPMENT			
600.1 Computer	\$ 1,300.00	\$ -	\$ -
600.2 Office Furniture	\$ -	\$ -	\$ 1,500.00
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -