



UTAH PERSONAL RESPONSIBILITY EDUCATION PROGRAM FISCAL YEAR 2011 REQUEST FOR PROPOSALS

State Program Office: Utah Department of Health, Division of Family Health and Preparedness, Maternal and Infant Health Program

Funding Opportunity Title: Utah Personal Responsibility Education Program (PREP)

E-mail of Intent: By: Wednesday, June 1, 2011

Due Date for Applications: Must be received by: 5:00 PM on Thursday, June 16, 2011

Funding Notification: By July 20, 2011

Project Period: The PREP funding will be renewable each year for up to 3 additional years depending on availability of federal funds and project performance. The first project year is estimated to run from 8/1/11 to 9/30/12. The project year for 2012-2014 will run from October 1 – September 30.

Project Year	Dates
2011*	8/1/11 – 9/30/12
2012	10/1/12 – 9/30/13
2013	10/1/13 – 9/30/14
2014	10/1/14 – 9/30/15

* Awardees will receive twice the amount of funds for Project Year 2011.

For Questions Contact: Jennifer Mayfield MS, CHES, Adolescent Health Coordinator, Maternal and Infant Health Program, Utah Dept. of Health (801) 538-9317 (Office), jmayfield@utah.gov

Funding made possible by:



Funding administered by:



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I. Funding Opportunity Description:

The Utah Department of Health (UDOH) is soliciting applications for Personal Responsibility Education Programs (PREP) in the State of Utah. Funding for these programs is made possible by the U.S. Department of Health and Human Services, Administration for Children and Families. The legislative authority for this announcement is Section 2953 of the Patient Protection and Affordable Care Act of 2010, Pub. L. No. 111-148, which adds a new Section 513 to Title V of the Social Security Act, to be codified at 42 U.S.C. § 713, authorizing the Personal Responsibility Education Program (PREP). This funding announcement instructs applicants on how to apply for Fiscal Year 2011 funding.

Funding Purpose: Funds must be used for a program designed to educate adolescents on both abstinence and contraception to prevent pregnancy and sexually transmitted infections (STIs), including HIV/AIDS, and three adulthood preparation subjects, which are defined later in this announcement.

Total Annual Funding Available to Utah: Approximately \$500,000

Project Awards:

Awards will be given in the amounts of \$10,000 to \$100,000. Applicants are encouraged to apply for any dollar amount within that funding range. The number of projects awarded will be dependent on the project need and strength of application. **Please note that the program awards are contingent upon receipt of federal funding.**

Eligible Applicants:

Local governments, public or private not-for-profit organizations, for-profit organizations, state offices and agencies, units of local governments, and Indian tribal governments are encouraged to apply for contract funds. Special consideration will be given to local health departments.

Target Population:

Utah youth ages 14-19 with a specific focus on youth in the Utah Juvenile Justice System, youth of Hispanic origin and/or non-white race, current teen moms, and youth residing in areas with birth rates higher than Utah's state birth rate of 31.1 births per 1,000 females 15-19 years of age. See Appendix A, pg. 15 for birth rates by small areas.

For additional data and to search birth rates by county, local health district, race, or ethnicity, refer to Utah's Indicator-Based Information System for Public Health (found at: <http://ibis.health.utah.gov/home>). For data pertaining to HIV/AIDS and STDs refer to the following web address: <http://www.health.utah.gov/cdc/sp.htm>.

Applicants can choose which of the above mentioned focal populations they would like to target. Applicants are not required to target the full 14-19 age range, but must make sure their targeted population falls within that range.

If providing services for youth in a Utah Juvenile Justice System program, please take note that parental consent forms will be required.

Evidence Based and Effective Program Model(s):

The law states that personal responsibility education programs are required to “replicate evidence-based effective programs or substantially incorporate elements of effective programs that have been proven on the basis of rigorous scientific research to change behavior, which means delaying sexual activity, increasing condom or contraceptive use for sexually active youth, or reducing pregnancy among youth.”

Sub-awardee applicants are required to implement one of the following 4 approved evidence-based programs.

1. **All4You!**: *All4You!* Is an intervention that focuses on preventing HIV, other STDs, and pregnancy among youth in classroom and community settings. The goal of *All4You!* is to enhance protective factors (e.g., sense of future and purpose, sense of self, motivation, skills) and positive health behaviors related to the prevention of HIV, other sexually transmitted diseases, and unintended pregnancy. The program includes 14 lessons—9 featuring skill development and 5 involving service visits in the community. Classroom lessons range from 70–90 minutes each; service learning visits require approximately 140 minutes, which includes travel time to and from the service learning site.

All4You! Is available through ETR Associates. For more information please go to the following web address: <http://www.etr.org/tppi/products/all4You.html>

2. **Be Proud! Be Responsible! Be Protective!**: The *Be Proud! Be Responsible! Be Protective!* program targets adolescent mothers or pregnant girls. This curriculum is designed specifically for pregnant and parenting adolescents. The intervention contains content on HIV & AIDS, STDs, and the prevention of repeat pregnancy. The intervention consists of the following eight modules:

- Module 1: Introduction to HIV & AIDS
- Module 2: Building Knowledge About HIV
- Modules 3 & 4: Understanding Vulnerability To STDs, HIV Infection and Unplanned Repeat Pregnancy
- Modules 5 & 6: Attitudes and Beliefs About HIV, STDs, And Safer Sex
- Module 7: Building Condom Use Skills
- Module 8: Building Negotiation and Refusal Skills

Additional information about each of these eight modules can be found in Appendix B, pg. 16. The Intervention will be available June 2011 through Select Media. Special training is required for effective intervention delivery and is also available through Select Media. For information about pricing, ordering or training, please call 800-707-6334.

3. **¡Cuídate!**: *¡Cuídate!* is a culturally tailored program for Latino youth that aims to reduce HIV risk and unintended pregnancies. The program, recommended for use with grades 8-11 (approximate ages 12-17), emphasizes risk reduction strategies such as sexual abstinence and condom use through activities that allow youth to:
 - Acquire correct and reliable information about risk and disease.
 - Develop attitudes that support safe decision-making.
 - Build skills to be able to abstain from sex and use condoms.

- Reinforce confidence in their ability to practice safer sex.

This Intervention is available in both Spanish and English through Select Media. For additional information and to download a curriculum preview kit, go to the following web address: <http://www.selectmedia.org/customer-service/evidence-based-curricula/cuidate/>

4. **Teen Health Project:** The “*Teen Health Project*”, available through Sociometrics Corporation, is a community-level intervention designed to help adolescents develop behavior modification skills. The program is designed to reduce sexual activity, increase condom use and negotiation skills, and enable participants to reduce risky sexual behaviors. This intervention was originally developed for adolescents living in low income housing developments; however the program can also be implemented in a variety of other community-based settings. For more information on this program go to the following web address: <http://www.socio.com/srch/summary/pasha/full/passt25.htm>. For pricing information and to obtain a complete detailed overview of the program (\$12 User’s Guide download) go to the following website: <http://www.socio.com/passt25.php>. If the \$12 User Guide is purchased, and the entire curriculum is eventually purchased, Sociometrics Corporation would credit that \$12 toward the purchase invoice. For more information or questions regarding the *Teen Health Project*, contact:

Laurie Rose, Director of Operations
Sociometrics Corporation
170 State Street, Suite 260
Los Altos, CA 94022-2812
tel: 650-383-6253, fax: 650-949-3299
email: lrose@socio.com

Adult Preparation Subjects:

In addition to replicating one of the above program models, sub-awardees are required to address the following three adulthood preparation subjects:

1. Healthy relationships, such as positive self-esteem and relationship dynamics, friendships, dating, romantic involvement, marriage (where applicable), and family interactions.
2. Educational and career success, such as developing skills for employment preparation, job seeking, independent living, financial self-sufficiency, and work-place productivity.
3. Healthy life skills, such as goal-setting, decision making, negotiation, communication and interpersonal skills, and stress management.

If the above adult preparation subjects are not addressed in the evidence-based program you select, additional components addressing these subjects will need to be added to the program model. These additions must be medically accurate and fidelity to the original evidence-based program model is strongly encouraged.

An Adult Preparation Subject Resource Guide is included as a PDF attachment with this funding announcement. Please refer to this guide for tips, resources and additional information regarding each of the adult preparation subjects. **Please note that this guide includes six adult preparation subjects. Be sure to refer only to the information pertaining to the three subjects listed above.**

Medical Accuracy and Program Fidelity:

When a full program model is being replicated with fidelity, adaptations to the program should be minimal, such as revising details in a role play, updating out-dated statistics, adjusting reading and comprehension levels, making activities more interactive or tailoring learning activities and instructional methods to youth culture or development level. In some cases, more significant adaptations may be needed, such as adding components to address the additional adult preparation components of PREP or ensuring that both abstinence and contraception for the prevention of pregnancy and sexually transmitted infections are adequately addressed in a program. Sub-awardees also may choose to add on components related to pregnancy prevention and prevention of sexually transmitted infections. Any component that is added onto an evidence-based program must be well-integrated into the program and should not alter the core components of the evidence-based program model.

Programs supported with these funds must also be medically accurate. Medical accuracy means that medical information must be verified or supported by the weight of research conducted in compliance with accepted scientific methods and published in peer-reviewed journals where applicable, or be comprised of information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective and complete. **As a condition of receiving a grant under this announcement, an applicant must certify that “all education materials that are presented as factual will be grounded in scientific research.” Applicants will agree to this by signing the coversheet found on page 16 of this funding announcement.** Proposed programs will be reviewed by the Utah Department of Health and the U.S. Department of Health and Human Services, Administration for Children and Families, to assure medical accuracy and program fidelity.

Match Requirement:

There is no match requirement.

Project Duration:

The PREP funding will be renewable each year for up to three additional years depending on availability of federal funds and project performance. Projects will be monitored each year to determine if they are meeting goals and objectives and adhering to state and federal guidelines. The first project year is estimated to run from August 1, 2011 to September 30, 2012. The project year for 2012-2014 will run from October 1 – September 30.

Project Year	Dates
2011*	8/1/11 – 9/30/12
2012	10/1/12 – 9/30/13
2013	10/1/13 – 9/30/14
2014	10/1/14 – 9/30/15

* Because of the manner in which funds are awarded on a federal level, during Project Year 2011, awardees will receive twice the amount of funds. These additional funds could perhaps be useful for program start-up costs. Again, this is contingent upon the receipt of federal awards.

Application Due Date:

Applications for funding must be received by **5:00 PM on June, 16, 2011**. Additional submission and formatting requirements will be listed later in this funding announcement.

Email of Intent: An e-mail of intent to apply is requested by **June 1, 2011**. This e-mail should contain contact information for the applicant and the proposed target population. This is not a requirement for submitting an application, however it would be helpful for the review team to have this information prior to the application due date. Please send e-mail of intent to Jennifer Mayfield at jmayfield@utah.gov.

II. Instructions for Completing the Application

Below you will find, in list form, the proper order for the application components. Please follow this order as you complete your application. Use each of the list items as headings throughout the application. This will help the applicant, the reviewer, and the Utah Department of Health staff to gain a clear picture of the proposed program. Please limit the narrative portion of the application, components 3-8 below, to no more than 30 double-spaced pages. See section V of this application (pg. 13) for additional format requirements. Following the list, you will find a detailed description of the requirements for each component. Following each item in the list below, is the number of points possible for each section. The total application is worth 200 points. This point system will be used by the state review team to help select the applications that will be funded. Please take note that if an application is missing any of the required items below, the application may be invalid and will be scored accordingly.

Application Order:		Possible Points per Section
1.	Cover Sheet	5
2.	Table of Contents	5
3.	Statement of the Problem	15
4.	Implementation Plan	30
5.	Program/Curriculum Description	30
6.	Project Evaluation	25
7.	Organization/Agency Structure	15
8.	Organization/Agency Capability	15
9.	Community Partners	20
10.	Budgets for Federal Funds (written summaries plus budget forms)	25
11.	Letters of Support	15
TOTAL POSSIBLE APPLICATION POINTS		200

1. Cover Sheet: (Form and Instructions found in Appendices C and D, pg. 20-21)
2. Table of Contents:
Provide a table of contents that includes all of the 1-11 items listed in the previous section.
3. Description of problem and Need:
The purpose of this section is to develop a clear and concise needs assessment of the problem the applicant will address using the award money. If the problems to be addressed are the result of several factors, these factors should be described. Briefly describe efforts of your agency or others to assess the problems. The problem should be defined by providing available data and other relevant information. The discussion may include brief descriptions of existing programs and/or gaps therein that address the problems. However, the applicant should avoid detailed descriptions of these programs. The goal is not to describe all programs but rather to demonstrate that the applicant has assessed how best to use the grant funds.

Target Population: The applicant should describe the proposed target population in detail and demonstrate how and why they were chosen. The target population should be described using the most current available data, and any analysis that was conducted to identify this group should be included.

4. Implementation Plan:
Applicants are required to develop an implementation plan based on the problem and need for reaching the proposed focal population. The implementation plan must be provided for the period of **August 1, 2011 – September 30, 2012**. Please take note that this implementation plan covers two years of funding. The funding for both years must be expended by September 30, 2012.

The required components of the Implementation plan include:

- a) a program-specific goal(s) statement;
- b) up to six outcome objectives that clearly state expected results or benefits of the proposed intervention and link with the goal(s) statement;
- c) multiple process objectives related to the processes or activities of the program;
- d) Multiple steps to reach each objective;
- e) Expected outcomes of each objective;
- f) Evaluation Method for each objective; and
- g) Start and end dates for each objective

Please see Appendix E (pg. 22) for example of Implementation Plan Table format. Please note that a new table should be used for each outcome objective. This table can be single spaced.

A goal is a general statement of what the project expects to accomplish. It should reflect the long-term desired impact of the project on the target group(s) as well as reflect the program goals contained in this Funding Opportunity Announcement.

An objective is a statement which defines a measurable result that the program expects to accomplish. All proposed objectives should be specific, measurable, achievable, realistic, and time-framed (S.M.A.R.T.).

- Specific: An objective is to specify one major result directly related to the program goal, state that it is going to be doing what, to whom, by how much, and in what time-frame. It must specify what will be accomplished and how the accomplishment will be measured.
- Measurable: An objective must be able to describe in realistic terms the expected results and specify how such results will be measured.
- Achievable: The accomplishment specified in the objective must be achievable within the proposed time line and as a direct result of program activities.
- Realistic: The objective must be reasonable in nature. The specified outcomes – i.e. expected results – must be described in realistic terms.
- Time-framed: An outcome objective must specify a target date or time frame for its accomplishments.

Outcome objectives – i.e. S.M.A.R.T. objectives related to the outcomes of the program – must be supported with several process objectives – i.e. S.M.A.R.T. objectives related to the processes or activities of the program. The goal(s) statement, outcome objectives, and process objectives should ultimately lead to the achievement of the overall program goal(s).

5. Program/Curriculum Description:

This section should describe in detail how the project will be implemented to meet goals and objectives. It should describe each of the following:

- Identify the program model that will be implemented (**must select one of the four programs listed on pages 4 & 5 of this funding announcement**). Discuss why this program model was selected and how it will help to meet the needs of the identified target population. Discuss plans for becoming trained in the selected program model (**be certain to allot funding in the budget section for this training**). If adaptations to the evidence-based program are made, describe in detail these changes and provide evidence of medical accuracy for those adaptations. Examples of proof of medical accuracy can include peer reviewed publication citations, references, and copies of additional program curricula utilized. Examples of program adaptations may include: **1)** adding components to address the additional adult preparation components, **2)** ensuring that both abstinence and contraception for the prevention of pregnancy and sexually transmitted infections are adequately addressed, and **3)** revising details in a role play, updating statistics, adjusting reading and comprehension levels, making activities more interactive or tailoring learning activities and instructional methods to youth culture or development level. Any component that is added onto an evidence-based program must be well-integrated into the evidence-based program model and should not alter the core components of the evidence-based program model.

- Adult Preparation Subjects: Specify **how each** of the 3 Adult Preparation Subjects (found on page 5 of this funding announcement) will be addressed. List each subject in bullet form and specify under each component how it will be addressed.

6. Project Evaluation:

The project evaluation section should describe specifically how the applicant will assess the success of project implementation and the extent to which the project is achieving its goals and objectives. Specifically describe what will be measured, the types of data that will be collected, how often data will be collected, and by whom. The applicant should also describe the type of analysis that will be done, how it will be used to make management decisions about possible changes in the project strategy, and reports or products that will be developed.

In addition, The U.S. Department of Health and Human Services (HHS) plans to develop performance measures that could be uniformly collected across all states. By the end of the first grant year, final performance measures will be distributed to all states and funded recipients will be required to report on these measures. Generally, there are five broad categories of performance measures that HHS anticipates all states will be required to track: (1) output measures (e.g., number of youth served, hours of service delivery); (2) fidelity/adaptation; (3) implementation and capacity building (e.g., community partnerships, competence in working with the identified population); (4) outcome measures (e.g., behavioral, knowledge, and intentions); and (5) community data (e.g. STIs, birth rates, etc.). **Applicants should describe their capacity to report on these performance measures.**

7. Organization/Agency Structure:

This section should provide an overall description and structure of the applying organization/agency. Include an organizational chart of the applicant agency and a description of how this project fits into the overall organizational structure.

8. Organization/Agency Capability:

The applicant should describe the organizational experience (both programmatic and financial) that qualifies it to manage this project. The organization should specifically describe its previous history of working with youth, working with teen pregnancy prevention education or other related areas or projects, and prior grant experience. Applicants should identify and describe the qualifications and experience, and roles and responsibilities of the project director and all project staff. Include resumes for the project director and all staff involved in the project. Resumes should be included as application attachments and will not be counted toward the 30-page narrative limit.

9. Community Partners: Include in table form, a list of all community partners and how they will contribute to your program. Include any partner that provides any type of support or contribution for your program. This table should be a representation of the community collaboration and support for your program. See Appendix F (pg.23) for Community Partner Table Format Example.

10. Budgets for Federal Funds: Applicants are required to complete two separate budget forms:

Budget Form 1:

Budget Form 1 will be for Fiscal Year 2011 (August 1, 2011 – September 30, 2012). Because of the manner in which funds were awarded on the federal level, during Project Year 2011, awardees will receive twice the amount of funds. Budget Form 1 is to include this double amount. For example, if an applicant is requesting \$60,000 annually, Budget Form 1 will include costs for \$120,000. Budget Form 1 must be followed by a written narrative description of how funding amounts were determined and how they will benefit the award program. Budget Form 1 can be found in Appendix G, pg. 24.

Budget Form 2:

Budget Form 2 will reflect costs associated with Fiscal Year 2012 (October 1, 2012 – September 30, 2013). The total amount on Budget Form 2 should equal half of that shown on Budget Form 1. Using the example from above, an applicant would submit Budget Form 2 for the amount of \$60,000. Budget Form 2 must also be followed by a written narrative description of how funding amounts were determined and how they will benefit the award program. Budget Form 2 can be found in Appendix H, pg. 25.

Budget Form 2 is to give the review team an idea of what the budget will look like during Fiscal Year 2012. Applicants should provide the best estimates they can for Budget Form 2. If funded, programs will be given the opportunity to change line items prior to Fiscal Year 2012.

Indirect costs are limited to no more than 12.1% of salary and benefits combined. See “Budget Information” Section for more details.

11. Letters of Support: All applicants must submit at least three letters of support. Letters should be obtained from the applicants strongest partnering agencies and include each agency’s contribution to this project. A letter must be included for each location where the program will be implemented (For example, schools, detention centers, community based centers, etc.).

III. Additional Budget Information:

Supplanting: Award funds may not be used to replace Federal, State or local funds (or, where applicable, funds provided by the Bureau of Indian Affairs) that would, in the absence of this grant/contract, be available for programs to promote PREP education. Instead, awards must be used to increase the total amount of funds used to promote PREP. An award recipient may not use these grant funds to pay for programs that the recipient already is obligated to pay or has funded. Awarded funds may be used to improve an already existing project or may be used to develop new projects.

Supplanting funds will be the subject of application review, post-award monitoring, and audit. Violations can result in a range of penalties, including suspension of future funds under this program, recoupment of monies provided under this award, and civil and /or criminal penalties.

Suspension or Termination of Funding: The UDOH may suspend, in whole or in part; terminate funding for; or impose other sanction on a grant/contractor for the following reasons:

- Failure to substantially comply with the requirements of Section 513 to Title V of the Social Security Act;
- Failure to make satisfactory progress toward goals or objectives set forth in this application;
- Failure to adhere to award agreement requirements or special conditions;
- Proposing substantial plan changes that, if originally submitted, would have resulted in the application not being funded;
- Failure to submit reports in a timely manner;
- Filing a false certification in an application or other report or document; or
- Other good cause shown.

Prior to the imposition of sanctions, the UDOH will provide reasonable notice to the awardee of its intent to impose sanction and attempt informally to resolve the problem.

IV. Additional Program Requirements:

1. Reports: Funded programs will be required to submit Semi-Annual Project Reports on program activities and numbers served. These reports shall be submitted to the UDOH by April 10 and October 10 of each funded year. Programs will also be required to submit Expenditure Reports Forms on at least a quarterly basis. Additional information regarding report formats and deadlines will be provided to funded projects.
2. Content, materials and/or curricula presented in community projects funded with Utah PREP monies must be medically accurate and may not contain or promote any religious information, references, or instruction.
3. Funded projects must be formally trained in the evidence-based model they select using professional trainers who can provide follow-up technical assistance to program staff.
4. Funded projects will be required to attend two grantee meetings held at the Utah Department of Health. The first meeting will be held at the start of the contract period and will serve as an orientation for the project staff. Requirements and expectations of the grant will be discussed. The second meeting will be held at the end of the Fiscal Year 2011 project year. This meeting will serve as a networking and training opportunity for grantees. Additional information about each meeting will be given to awarded applicants at a later date.
5. Funded projects will be required to participate in site visits conducted up to two times each year by the PREP Coordinator. The site visits will be conducted to monitor project activities and ensure compliance with federal and state requirements.
6. Prior to the start of each new Fiscal Year, funded projects will be required to submit an updated implementation plan and budget form. Additional information regarding submission requirements and deadlines will be provided at a later date to funded projects.

V. Review of Applications:

The UDOH has established a panel of experts who will review the information provided by the applicant agency. The evaluation of each individual application will be based upon the point system outlined on page 7 of this funding announcement.

Awards will be based on a competitive award process. Each review panel member will rate each application. The panel's recommendations and rankings will be considered by the UDOH when making the final funding decisions. Each applicant will receive notification from the UDOH by July 20, 2011 informing the applicant of the final funding decision.

VI. Application Submission Instructions:

Submission Dates and Times: Applications must be received by 5:00 PM on Thursday, June 16, 2011. (Applications not received by this time will be invalid and will not be reviewed).

Format Requirements: The narrative portion of the application, components 3-8 on pg. 7 of this funding announcement, should not exceed 30 single-sided, double-spaced pages. The narrative must be formatted to 8 ½" x 11" (letter-size) pages with 1" or larger margins on top, bottom, and both sides, and a font size of not less than Times New Roman 12 point or Arial 10 point. All pages, charts, figures and tables in the entire application must be numbered.

Number of Copies: Include one unbound original and one full unbound copy with all attachments. If submitted by e-mail*, attach one full electronic copy.

Mail Submission: Mail applications to:

By E-mail*:
jmayfield@utah.gov
(Electronic signatures required)

By Mail:
Attn: Jennifer Mayfield
Utah Department of Health
Maternal & Infant Health Program
P.O. Box 142001
Salt Lake City, UT 84114-2001

Hand Deliveries (front desk):
Attn: Jennifer Mayfield
Utah Department of Health
Cannon Health Building
288 North 1460 West
Salt Lake City, UT 84116

*** If submitting by e-mail, the entire application with electronic signatures must be included as one attached document. If unable to e-mail the entire application in one attached document, applicants should submit by mail or hand deliver.**

Funding Announcement Contact:
Jennifer Mayfield MS, CHES
Adolescent Health Coordinator
Maternal and Infant Health Program
Utah Department of Health
PO Box 142001, Salt Lake City, UT 84114-2001
(801) 538-9317 (Phone), (801) 538-9409 (Fax)
jmayfield@utah.gov

VII. APPENDICES

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Appendix A

**Utah Teen Birthrate per 1,000 Females Age 15-19
By Utah Small Areas
3-Year Average 2007-2009**

Location	Rate	Location	Rate
Rose Park	99.6	Roy/Hooper	41.4
Glendale	98.8	Clearfield/Hill AFB	41.3
West Valley East	83.8	West Jordan/Copperton	41.1
South Salt Lake	80.6	Taylorsville	40.9
Downtown Ogden	80.0	Grand/San Juan Counties	40.0
Midvale	68.7	United States *	39.1
West Valley West	67.7	Sevier/Piute/Wayne County	37.9
Ben Lomond	66.0	West Jordan North	37.4
Tri-county LHD	63.1	Lehi/Cedar Valley	37.0
Magna	61.7	W. Jordan Southeast	35.8
Kearns	51.3	St. George	34.9
South Ogden	50.8	Other Box Elder County	34.2
Murray	46.6	North Orem	34.0
Riverdale	45.3	W. Jordan Northeast	33.8
South Utah County	44.9	Other Southwest District	33.5
Carbon/Emery County	44.6	Layton	32.3
Brigham City	42.3	Cedar City	31.9
Tooele County	42.1	State of Utah**	31.1

* 2009 Preliminary Birth Rate

** 2009 Birth Rate

Data Sources:

- Utah Department of Health, Center for Health Data, Indicator-Based Information System for Public Health Web site (IBIS). Time of Query: Mon, 2 May 2011 10:22:18 MDT, <http://ibis.health.utah.gov>
- Centers For Disease Control, National Vital Statistics Reports, Vol 59, No. 3, December 21, 2010

Appendix B

Be Proud! Be Responsible! Be Protective! Module Descriptions

MODULE 1: INTRODUCTION TO HIV & AIDS

Goals

The goals of this session are to:

- provide participants with an overview of the curriculum
- increase participants' knowledge about transmission and prevention of HIV infection
- increase participants' knowledge about teen pregnancy and motherhood and its relation to HIV risk
- increase participants' confidence about making proud and responsible decisions about protecting themselves and their babies from HIV and AIDS
- examine participants' attitudes and beliefs about HIV risk behaviors
- examine participants' attitudes and beliefs about the benefits and risks of early childbearing
- discuss the potential relationship between early childbearing and HIV

Session Preview

The first session: 1) informs participants about the program; 2) helps them become comfortable, cohesive and productive in groups; 3) generates enthusiasm about being proud and responsible decision makers; 4) promotes the goal of protecting themselves and their community; 5) gives them factual information about HIV and AIDS; 6) gives them factual information about the risks of early motherhood to both mother and child and how these risks are increased with repeat pregnancies; and 7) helps participants recognize that behaviors leading to a repeat pregnancy (unprotected sex) increase their chances of heterosexual exposure to HIV.

Learning Objectives

After completing this session, participants will be able to:

- formulate a list of group rules that will facilitate discussion of AIDS and sexual behaviors
- identify what it means to be proud, responsible and protective
- describe the relation between pregnancy and risk of HIV
- describe why a proud, responsible and protective mother prevents HIV and repeat pregnancy by using condoms
- identify what it means to protect oneself and one's community
- identify and distinguish myth from fact regarding the causes, transmission, and prevention of HIV infection
- distinguish between the benefits and challenges associated with early childbearing

MODULE 2: BUILDING KNOWLEDGE ABOUT HIV

Goal: The goal of this session is to increase participants' knowledge about HIV infection, transmission, causes, and prevention; and methods to prevent repeat unplanned pregnancies.

Session Preview

The second session: 1) clarifies myths about the causes, transmission, and prevention of HIV while providing correct factual information; and 2) reinforces participants' knowledge about safer sex behaviors and methods to prevent unplanned repeat pregnancies.

Learning Objectives

After completing this session, participants will be able to:

- identify why it is important to learn about HIV prevention strategies
- differentiate myths from facts about HIV and AIDS, and about teen pregnancy and motherhood
- identify the correct information regarding the transmission, causes, and prevention of HIV infection
- identify ways to prevent a repeat unplanned pregnancy

MODULES 3 & 4: UNDERSTANDING VULNERABILITY TO STDs, HIV INFECTION AND UNPLANNED REPEAT PREGNANCY

Goals

The goals of this session are to increase participants':

- perceived vulnerability to HIV Infection
- perceived vulnerability to unplanned repeat pregnancy
- knowledge about which behaviors place them at various levels of risk for HIV infection and other sexually transmitted diseases, as well as unplanned repeat pregnancy
- understanding of their responsibility for safer sexual behavior

Session Preview

The third session: 1) helps participants realize that they are vulnerable to HIV infection and unplanned repeat pregnancy; 2) examines who is responsible for safer sex behavior; 3) examines various opinions about HIV and safer sex behaviors; 4) clarifies the risk level for a variety of behaviors; and 5) helps participants identify their personal level of risk for HIV and unplanned repeat pregnancy.

Learning Objectives

After completing this session, participants will be able to:

- identify which of their own behaviors increases their vulnerability and risk for HIV infection and unplanned repeat pregnancy
- examine why young women often let their partners make sexual decisions
- identify how easily HIV is transmitted and how it feels to be at risk for HIV infection and other STDs
- correctly identify which behaviors are low risk, high risk and no risk for contracting HIV and having an unplanned repeat pregnancy
- recall correct information concerning AIDS
- identify their responsibility in making safe sex choices

MODULES 5 & 6: ATTITUDES AND BELIEFS ABOUT HIV, STDS, AND SAFER SEX

Goals: The goals of this session are to:

- increase participants' perceived vulnerability to HIV and unplanned pregnancy
- examine attitudes and beliefs about HIV, STDs, and safer sex
- confront stereotypes about who becomes infected with HIV and learn more about how people can and cannot become infected
- reinforce knowledge about HIV, AIDS and unplanned pregnancy

Session Preview

The fourth session: 1) highlights the impact of attitudes and beliefs on risky sexual behavior; 2) weakens negative beliefs and attitudes that foster risky sexual behaviors; 3) builds participants' sense of responsibility for reducing the risk of HIV infection, STDs and unplanned pregnancy; 4) reinforces their knowledge about safer sex behaviors and methods to prevent unplanned pregnancy.

Learning Objectives

After completing this session, participants will be able to:

- identify their attitudes toward risky sexual behavior
- describe the impact of problematic attitudes on risky sexual behavior
- problem solve for risky sexual behavior situations
- recall correct information concerning AIDS

MODULE 7: BUILDING CONDOM USE SKILLS

Goals: The goals of this session are to:

- increase participants' understanding of barriers to condom use and increase their strategies for reducing those barriers
- increase participants' skills and knowledge on how to use condoms effectively and correctly and how to make their use fun and pleasurable
- increase pride and responsibility in knowing how to use condoms correctly

Session Preview

The fifth session: 1) reinforces pride and responsibility in avoiding HIV risk-associated behaviors; 2) assesses barriers to condom use while providing strategies to reduce these barriers; 3) examines the relationship of attitudes and condom use behaviors; 4) reinforces knowledge, comfort, and skills on how to use condoms correctly and how to make them fun and pleasurable; and 5) reinforces participants' understanding of the consequences of unprotected sex.

Learning Objectives

After completing this session, participants will be able to:

- explain the importance of proud and responsible sexual decision making
- identify barriers to using condoms and other safer sex behaviors
- identify strategies for practicing safer sex behaviors
- identify ways to make condoms a more pleasurable part of the sexual experience
- explain how condoms can prevent HIV, STDs, and unwanted pregnancy
- list the correct steps to using a condom and demonstrate those steps

SESSION 8: BUILDING NEGOTIATION AND REFUSAL SKILLS

Goals

The goals of this session are to:

- increase participants' communication and negotiation skills and enhance their ability to resist situations that place them at risk for contracting an STD, including HIV infection
- increase a sense of pride and responsibility in demonstrating negotiation and refusal skills
- review and reinforce HIV facts and skills learned during the six sessions of this program

Session Preview

The sixth session: 1) increases participants' communication and negotiation skills and enhance their ability to resist situations that place them at risk for contracting an STD, including HIV infection, and having an unplanned repeat pregnancy, practice safer sex, including abstinence; 2) builds skills to negotiate safer sex, including abstinence; 3) review and reinforce HIV and pregnancy prevention facts and skills learned, allows them to rehearse skills and to receive performance feedback; 4) builds skills and self-efficacy regarding safer sex practices; 5) gives participants opportunities to review the factual information learned: and 6) reinforces participants' sense of pride and protectiveness in making safer sex decisions.

Learning Objectives

After completing this session, participants will be able to:

- explain the importance of proud, responsible and protectiveness in sexual decision making
- identify barriers to using condoms and other safe behaviors
- negotiate condom use or abstinence in sexual relationships
- describe strategies for reducing barriers to safer sex behaviors
- describe strategies for reducing the risk of unplanned pregnancy

Appendix C

APPLICATION FOR UTAH
PERSONAL RESPONSIBILITY EDUCATION PROGRAM FUNDS
FISCAL YEAR 2011 COVER SHEET

1. Applicant Agency Name, Mailing Address, Phone and Fax:	2. Name, Telephone, and E-mail of Contact Person:
3. Project & Curriculum Title:	4. Targeted Population:
5. Geographical Area Covered: (check one) <input type="checkbox"/> State <input type="checkbox"/> County (Specify) _____ <input type="checkbox"/> City (Specify) _____ <input type="checkbox"/> Other (Specify) _____	6. Type of Implementing Agency: <input type="checkbox"/> Public Non-Profit <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Governmental Agency (schools, local health depts.) <input type="checkbox"/> Native American Tribe <input type="checkbox"/> Other _____
7. Federal Tax Identification Number:	
8. Annual Funding Amount Requested: Budget Form 1 Amount: _____ Budget Form 2 Amount: _____	
9. Official Authorized to Sign:	10. Program Director:
11. Medical Accuracy: By signing this application cover letter, the _____ provides assurance that the materials proposed in this application are medically accurate.	
12. Signatures <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="text-align: center; width: 45%;">_____ Authorizing Official</div><div style="text-align: center; width: 10%;">Date</div><div style="text-align: center; width: 45%;">_____ Program Director</div><div style="text-align: center; width: 10%;">Date</div></div>	

Appendix D

**INSTRUCTIONS FOR “COVER SHEET”
Application for PREP Projects**

1. Applicant Agency’s name, mailing address (including zip code), telephone number, and fax number.
2. Name, telephone number, and e-mail address of the person to be contacted on matters involving this application.
3. Indicate the project’s title or name AND the evidence-based curriculum chosen.
4. Indicate the exact targeted population.
5. Check and list the primary geographical area the project will serve.
6. Contractor is (check one): a. public non-profit agency, b. private non-profit agency, c. government agency, d. Indian tribe or tribal organization, other.
7. List your agency’s Federal tax identification number.
8. Indicate the amount of annual funds being requested on Budget Form 1 and Budget Form 2.
9. Type the full name and title of the official authorized to approve grants/contracts and awards for the agency.
10. Type the full name of the program director who will have the day-to-day responsibility for this award program. Include the director’s telephone number and e-mail address if they are different than those listed in box 1.
11. This is an assurance for medical accuracy. Please insert the applicant’s organization/program name. Please see pg. 4 of this funding announcement for a definition of medical accuracy.
12. Signatures of the persons named in box #10 and #11. Please include the date signatures were obtained.

Appendix E
Implementation Plan Format Example
 August 1, 2011 – September 30, 2012

a. Program Goal Statement:

b. <u>Outcome Objective #1:</u>					
c. Process Objectives	d. Activities/Steps	e. Expected Outcome	f. Tracking/ Evaluation Method	g. Start Date	End Date

Appendix F

Community Partner Table Form

Community Partner	Description of support/involvement in project

Appendix G

**Utah Personal Responsibility Education Program
Fiscal Year 2011 - Budget Form 1**

(Budget Period: August 1, 2011 – September 30, 2012)

Categories of Funding:	Justification:	Award Funding Amount:
Personnel	Itemize each individual for whom award monies will support. Note the % of time spent on the Project as a % of FTE's for each employee. <u>Salaries:</u>	\$
Fringe Benefits	Can combine all staff. Note the % used to calculate fringe.	\$
Indirect Costs	(Limited to no more than 12.1% of salary and fringe benefits).	
Travel		\$
Equipment*		\$
Supplies		\$
Contractual		\$
Other		\$
Total Budget		\$

Appendix H

**Utah Personal Responsibility Education Program
Fiscal Year 2012 - Budget Form 2**

(Budget Period: October 1, 2012 – September 30, 2013)

Categories of Funding:	Justification:	Award Funding Amount:
Personnel	Itemize each individual for whom award monies will support. Note the % of time spent on the Project as a % of FTE's for each employee. <u>Salaries:</u>	\$
Fringe Benefits	Can combine all staff. Note the % used to calculate fringe.	\$
Indirect Costs	(Limited to no more than 12.1% of salary and fringe benefits).	
Travel		\$
Equipment*		\$
Supplies		\$
Contractual		\$
Other		\$
Total Budget		\$