



REQUEST FOR APPLICATIONS – FEDERAL FUNDS

The State of Nebraska, Department of Health and Human Services, Division of Public Health (“DHHS”) Adolescent and Reproductive Health Program, is issuing this Request for Applications (“RFA”) for the purposes of entering into grant agreement(s) (“subaward” or “subawards”) and awarding federal funds to an eligible and qualified entity to support community-level activities to address Priority 2 of the Nebraska Priorities in the Adolescent Health Domain through outreach and education efforts, youth advisory councils/committees, staff professional development opportunities, and youth-friendly clinic updates. The intended outcome is to increase adolescents’ utilization of reproductive health services.

This funding opportunity is open only to “Non-Federal Entities” as set forth in 45 CFR § 75.2 or 2 CFR § 200.69. A “Non-Federal Entity” is limited to local governments, Indian tribes, institutions of higher education, and non-profit organizations. For profit entities and individuals are not eligible to apply for this funding.

A more detailed description may be found in **Project Description, Section 2**.

RFA #	RELEASE DATE
6418	January 29, 2024
APPLICATION DUE DATE	POINT OF CONTACT
February 26 th , 2024	Office of Procurement and Grants

INITIAL PERIOD OF PERFORMANCE	TOTAL FUNDING AVAILABLE
April 1, 2024 – March 31, 2025	\$300,000.00

FUNDING CAP
\$50,000.00 PER APPLICANT

The resulting subaward from this RFA is subject to and shall follow federal regulation, as set forth herein. Subrecipients receiving subawards may only be paid up to the actual and allowable costs (as defined herein) of completing the **Project Description, Section 2**. No Subawards resulting from this RFA will be fee-for-service contracts, regardless of the method of payment, and no Subrecipient may keep a profit from its subaward. More detail about the terms of this funding is set forth in **Terms, Section 5**, below.

A copy of this RFA may be found online at DHHS’ website at <http://dhhs.ne.gov/Pages/Grants-and-Contract-Opportunities.aspx>. Until final Subawards are signed, all other information pertinent to this RFA, including but not limited to any amendments or addenda, will be posted on the DHHS website.

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1. RFA OVERVIEW

1.1. Funding Information

Federal Agency Name / State Agency	Assistance Listing Program Name	Assistance Listing Number	Federal Award Date	Federal Award Identifier Number (FAIN)
U.S Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA)- Maternal Child Health Bureau (MCHB)	Title V Maternal and Child Health Services Block Grant to States	93.994	11/01/2023	B0452937

The total anticipated available funds for Subawards under this RFA is \$300,000.00 (three hundred thousand dollars). A maximum of six (6) \$50,000.00 (fifty thousand and 00/100 dollars) subawards will be granted. A total award of this amount of funds is not guaranteed, but is subject to the Applications received, to actual money awarded to DHHS from the Federal Awarding Agency, and to DHHS' discretion. DHHS may establish a cap on total amount of funds that any one Applicant, or Applicants acting jointly, may request. Any cap shall be set forth in the **Funding Restrictions, Section 1.2**, below. The total funds may be split among multiple Subrecipients in the discretion of DHHS.

1.2. Funding Restrictions

DHHS has established a cap of \$50,000.00 per applicant. Applicants whose budget exceeds \$50,000.00 may be rejected without scoring. Applicants are permitted to submit up to one (1) application for funding under this RFA.

1.3. Period of Performance

The Period of Performance is the time during which a successful Applicant may incur costs to carry out the work authorized under this RFA and the resulting Subaward. See the definitions in 2 CFR § 200.1 or 45 CFR § 75.2. The initial Period of Performance for this RFA is from April 1, 2024, to March 31, 2025. This period may be extended by DHHS as allowable by the Federal Funding Agency. If state funds are involved in the award, this may also determine whether DHHS may extend a Period of Performance.

For the initial Period of Performance, all costs must be liquidated (i.e., spent) by March 31, 2025, and invoiced to DHHS by April 30, 2025. These dates are dependent on federal periods of allowability and DHHS' own ability to timely process payments. They may be subject to change; final dates will be included in the final Subaward between the parties. If an Applicant believes it cannot meet these deadlines, it should not apply for funding under this RFA. Obligation and liquidation deadlines may be extended as allowed by the Federal Funding Agency, but no extensions are guaranteed.

1.4. Applicable Law

Because the funds to support the activities under this RFA involve federal funds, usage of these funds is subject to federal law, in addition to any applicable state law. The Uniform Grant Guidance, [2 CFR §§ 200 et seq.](#) ("UGG") applies to subawards funded from the United States Department of Agriculture (USDA), the Department of Housing and Urban Development (HUD), the Department of Labor (DOL), the Environmental Protection Agency (EPA) or other federal agencies. The United States Department of Health and Human Services (HHS) has adopted the UGG, but has implemented and re-codified it at [45 CFR §§ 75 et seq.](#) ("HHS GG"); for awards funded by HHS, those regulations apply. Throughout this RFA, both the UGG and the HHS GG will be cited, although they are substantially similar.

The HHS GG shall apply to this RFA if it awards funds from block grants authorized by the Omnibus Budget Reconciliation Act of 1981, unless Nebraska statute or regulation has established provisions for the payment

costs and services; in all other respects, as provided herein, those block grant subawards are governed by [45 CFR §§ 96 et seq.](#)

Additional federal and state statutes and regulations may apply to the funding contained herein. These may be included in **Additional Program Requirements, Section 5.7**, below, as well as in the Subaward itself.

Further information about allowable costs and activities may be set forth herein.

1.5. Award of Funding

DHHS will evaluate Applications in the manner set forth herein. An Intent to Subaward will be posted on the DHHS Website with selected Applicants. Funds will be awarded through a written agreement, termed a Subaward, which will incorporate this RFA by reference. No promise for funds is binding on DHHS, and no funds will be paid to any Applicant until a Subaward has been executed by both the Applicant and DHHS.

Subawards resulting from this RFA may be renewed for an additional one (1) year period, subject to DHHS' discretion. Obligation and liquidation deadlines may be extended as allowed by the Federal Funding Agency. Future Periods of Performance, as allowed by DHHS, may have different obligation and liquidation deadlines.

2. PROJECT DESCRIPTION

2.1. Background and Purpose

The Department of Health and Human Services, Division of Public Health is issuing this RFA for the purposes of supporting community-level activities to address the priority designated in **Section 2.3 Priority**, through outreach and education efforts, youth advisory councils/committees, staff professional development opportunities and youth-friendly clinic updates. The intended outcome is to increase adolescents' utilization of reproductive health services.

Since passage of the Social Security Act in 1935, the federal government has pledged its continuous support of Title V of the Act, making Title V the longest lasting public health legislation in United States history. Several grants are authorized in Title V, including the Title V Maternal and Child Health (MCH) Services Block Grant, or simply the MCH Block Grant (MCHBG). MCHBG is one of the oldest federal funding sources to ensure the health of our nation's mothers and children.

The MCHBG program was created by the Omnibus Budget Reconciliation Act (OBRA) of 1981. Under that legislation, several categorical grants programs were consolidated into the single MCHBG program. Extensive amendments to the authorizing statute in 1989 increased state programmatic and fiscal accountability under the program.

States and jurisdictions are allocated funds based on a formula. The objective of the grants to states under the MCHBG program is to provide funds for the improvement of the health of all mothers and children consistent with applicable health status goals and national health objectives established under the Social Security Act.

A state's acceptance of federal MCHBG funds imparts responsibility to assure the health of all mothers and children in the state; to systematically assess health needs and determine health priorities; to develop systems that build capacity across the state to address these priority needs; and to be accountable for programs and services and their outcomes. States must identify their specific health needs of the population through a five-year statewide needs assessment; submit an annual plan for meeting the needs identified by the statewide needs assessment; and report annually on performance measures. States must match three dollars for every four dollars of MCHBG funds, thereby creating a federal-state partnership. Also, states must use at least 30 percent (30%) for preventive and primary care services for Children (defined as a child from 1st birthday through the 21st year), and at least 30 percent (30%) for services for children with special health care needs (CSHCN), and no more than 10 percent for administration. For more information, visit http://www.ssa.gov/OP_Home/ssact/title05/0500.htm.

DHHS routinely reconsiders its funding decisions of MCHBG, which include subawards to support community-level activities to address priorities identified in the five-year statewide needs assessment. The State Action Plan is responsive to state-level needs that align to National Performance Measures (NPM) and State Performance Measures (SPM). Subawards, the focus of this RFA, will support communities' role to help meet our state objective in Sexually Transmitted Diseases among Nebraska Youth, one of the ten priorities in the State Action Plan. Focusing on this adolescent health priority ensures the state's compliance with the statutory requirement to use at least thirty percent (30%) of the MCHBG funds for Children (ages 1 – 21).

2.2. Priorities

Applications must address Priority 2 of the Nebraska Priorities in the Adolescent Health Domain. Priority 2 reads as follows:

2.2.1. Priority 2: Sexually Transmitted Diseases Among Youth

Objective: By 2025, decrease the rates of chlamydia and gonorrhea among youth in Nebraska by addressing disparities among racial/ethnic and urban/rural groups

Performance Measure: The rate of chlamydia infections reported per 100,000 (one hundred thousand) youth ages 15-19 (fifteen to nineteen) years of age.

The RFA priority (among other identified priorities) resulted from the comprehensive statewide needs assessment completed in 2020 with the help of nearly 100 stakeholders. Stakeholders, working in subcommittees by MCH population domains, reviewed and evaluated data factsheets, nominated issues for consideration, subsequently writing problem statements and issue briefs to present to the large Needs Assessment Committee. The 2020 needs assessment report detailing the process and selection of priorities are available at <https://dhhs.ne.gov/Pages/Title-V.aspx>.

The State Action Plan was developed to be responsive to state-level needs that align to National Performance Measures (NPM) and State Performance Measures (SPM). The corresponding objective is listed by a bullet within Priority/SPM. An excerpt of the State Action Plan relevant to the RFA (below) is provided for context to communities' role to help meet our State Objective.

2.3. Target Populations

The target population for subawards resulting from this RFA are Nebraska adolescents within the broader category "Children" (ages 1 – 21 years). All activities, and the related expenses, shall be exclusively for youth and young adults to address a community's needs to align with the priority discussed in this section. Adolescents is the term used by the Adolescent and Reproductive Health Program to describe the target population of this RFA. The defined age range for adolescents is 10 to 21 years old. The terms "adolescent", "youth" and "young adult" will be used throughout this RFA and during programming. Youth are people aged 10 to 18 and young adults are people aged 19 to 21. Terms such as "kids", "kiddos", and "children" should be avoided because adolescents typically do not use these terms to describe themselves and report they feel patronized by them. Pregnant adolescents are categorized as "Pregnant Women", not "Children", for reporting purposes and are not a target population for this RFA.

2.4. Project Design

The education and information disseminated under this RFA must increase adolescents' ability to make informed decisions about their reproductive health. A requirement of this RFA is that all STD/STI education and information disseminated must be evidence-based, evidence-informed, or science-based, medically accurate, and age/developmentally appropriate. Medically accurate information about STDs/STIs includes up-to-date information about the prevention, transmission, symptoms, testing, and treatment. While the focus of the funds is to provide STD/STI education and information, it would be allowable to discuss other salient reproductive health topics. Salient reproductive health topics may include, but are not limited to consent; adolescent development; decision-making; goal setting; healthy relationships; anatomy and physiology; contraceptive methods; pregnancy prevention; etc. All salient reproductive health education and information disseminated

must also be evidence-based, evidence-informed, or science-based, medically accurate, and age/developmentally appropriate.

Applicant's work plan activities must align with the following four categories:

- 1) Outreach and Education
- 2) Youth Advisory Council/Committee
- 3) Staff Professional Development and Training
- 4) Youth-Friendly Clinic Updates.

To meet the narrow focus of the RFA, most of the proposed work plan activities must be categorized as Outreach and Education. Applicants should only propose activities that can realistically be implemented within the period of performance (April 1, 2024, to March 31, 2025). As a general guideline, all proposed activities must align with the reproductive health needs of youth and young adults in your community. To ensure alignment, input from youth and young adults ("youth voice") on work plan activities is strongly recommended and will strengthen the application.

2.4.1. Outreach and Education

A broad range of outreach and education activities can be completed to meet the purpose of this funding opportunity. Outreach and education activities **must** focus on the engagement of youth and young adults and/or engage the parents, guardians, and trusted adults of adolescents. Applicants should remain mindful that all planned outreach and education must provide STD/STI information and refer youth and young adults back to their organization to utilize reproductive health services. Work plan activities that engage parents, guardians and trusted adults must seek to enhance these individuals' ability to become approachable sources of accurate STD/STI and other reproductive health information and refer adolescents to reproductive health services.

Outreach and education activities may include, but are not limited to:

- Education classes
- Presentations
- Social media campaign
- Planning a community event
- The distribution of information at community events
- Disseminating information on a virtual platform
- Creating medically accurate informational materials
- Implementation of a specific evidence-based or evidence-informed curriculum program
- Applicants may offer chlamydia and gonorrhea testing through a urine collection method during outreach and education activities.

Work plans may include innovative strategies to provide outreach and education activities.

2.4.2. Youth Advisory Council/Committee (YAC)

The Adolescent and Reproductive Health Program recognizes the importance of young people having a voice in the planning and implementation of adolescent-focused work. To receive input from youth and young adults, an Applicant can form a YAC at their organization. Applicants proposing a YAC in their work plan should consider the following –

- What grant -related work or projects do you ideally want the YAC to accomplish while keeping flexibility for youth voice in mind?
- How will youth and young adult participants be recruited?
- How can youth and young adult participants join? For example, will there be an application and interview process?
- When will meetings be scheduled? For example, meetings should be consecutive, and a plan made for ongoing youth tasks.

- Where will meetings take place?
- How will group guidelines be established?

Further, it is recommended that there be a reciprocal relationship between YAC participants and the organization that hosts the YAC. If an organization receives valuable input from youth and young adults, then youth and young adults should receive a benefit (volunteer hours; reasonable incentives; skill building; etc.) for providing their expertise.

Allowable YAC activities under this RFA may include, but are not limited to:

- Recruitment of youth and young adult participants
- Facilitating YAC meetings
- Planning outreach and education activities with YAC participants
- YAC participants providing feedback on materials.
- Purchasing supplies for YAC meetings

2.4.3. Staff Professional Development and Training

The Adolescent and Reproductive Health Program recognizes that in order to provide medically accurate information and youth-friendly care, staff must remain up to date on best practices and adolescent-specific topics. Organizations may include professional development activities in their work plan that will enhance staff knowledge of adolescent reproductive health.

Activities may include, but are not limited to:

- Webinars or other distance learning opportunities
- In-person trainings
- Staff in-service trainings
- Conferences
- Purchasing manuals/textbooks/best practice guides

Proposed professional development must be supported by a staff needs assessment survey or similar justification.

2.4.4. Youth-Friendly Clinic Updates

The Adolescent and Reproductive Health Program recognizes that a clinic must be youth-friendly; otherwise outreach and education efforts will not be effective at increasing adolescents' utilization of reproductive health services.

Activities may include, but not limited to:

- Conducting a clinic assessment
- Upgrading clinic décor
- Purchasing moderately priced items, such as sound barriers, lounge chairs, or a television.

Any youth-friendly clinic updates proposed must be supported by an assessment of the environment that includes input from youth and young adults. Applicants should review and use the Nebraska Youth-Friendly Clinic Recommendations document as guidance:

<https://dhhs.ne.gov/MCAH/Nebraska%20Youth-Friendly%20Clinic%20Recommendations.pdf>.

Applicants that have previously received Title V funding to complete youth-friendly clinic updates should not include this as an activity in their work plan narrative. Recently completed clinic updates and the items purchased should still be current and appeal to youth and young adults. There is a strong likelihood that previous subrecipients will not be approved to complete further youth-friendly clinic updates unless there is a robust rationale in the work plan narrative for the additional updates proposed.

2.5. Unallowable Activities

To prevent the duplication of current adolescent health projects being completed by other NDHHS funding opportunities, some activities are deemed unallowable for subawards resulting from this RFA. The following work plan activities will **not** be approved:

- Delivering the Evidence-Based Teen Outreach Program® (TOP®)
- Delivering the Evidence-Based Making A Difference® (MAD®) curriculum.
- Using funds for your organization to create a unique tool or game to help parents/caregivers/trusted adults navigate conversations with adolescents.
- Planning and/or hosting a professional development training for youth-serving professionals not employed by Applicant.
- The delivery of clinical services and/or medical procedures in a clinic setting. This does not include offering chlamydia and gonorrhea testing through a urine collection method during outreach and education activities.

2.6. Reporting Requirements

Subrecipients will be required to submit a report on work plan activities and the associated expense on a quarterly basis. DHHS shall reimburse Subrecipient for costs to perform the project. Quarterly reports are due on the 15th day of the month following the end of each quarter. Each quarterly report will include the following documentation:

- Report on Work Plan
- Title V Financial Workbook
- Signed Expense Report

Further, three types of data collection reporting questions will be due; two of those will be required to be submitted each quarter and in the last quarter, one additional report will be required.

Each quarter all subrecipients will be required to report on:

1. The *number of adolescents served during the period*, defined as all adolescents aged 10 to 21 that have been reached through Y&YA work plan activities, such as outreach events, outreach testing, education classes, social media campaigns, radio ads, etc.
2. The *number of adolescents utilizing reproductive health services upon receiving a referral*, is defined as all adolescents aged 10 to 21 that utilize reproductive health services at a subrecipient's clinic after hearing about services offered through various work plan activities, such as at outreach events, social media campaigns, radio ads, etc.
3. Submit the Final Reporting Table, which collects data on the total number of adolescents served during the entire period of performance.

2.7. Eligibility Information

To be eligible for this funding opportunity, entities must be a "non-Federal entity" as set forth in 45 CFR § 75.2 or 2 CFR § 200.69. A "Non-Federal Entity" is limited to local governments, Indian tribes, institutions of higher education, and non-profit organizations. For profit entities and individuals are not eligible to apply for this funding. Applicants may only submit one application for this RFA.

2.8. Attachments

The following documents are incorporated as attachments to this RFA proposal:

1. Attachment 1: End User Guide Shared File Link
2. Attachment 2: Applicant's Work Plan
3. Attachment 3: Excel Financial Workbook

3. RFA PROCEDURE

This RFA seeks Applications to complete activities allowable under the funding source identified in 1.2, above. All Applications must conform to all instructions, conditions, and requirements included in this RFA. Applicants

should carefully examine this RFA, as well as the requirements on the state or federal funds involved. Applications that DHHS determines do not conform to the requirements of this RFA, or Applications from ineligible entities, may be considered non-responsive and rejected without scoring.

3.1. RFA Point of Contact (“POC”)

Nebraska Department of Health and Human Services (DHHS)
 Office of Procurement and Grants
 PO Box 94926
 Lincoln, NE 68508
 531-893-0649
DHHS.Grants@nebraska.gov

From the date the RFA is issued until the Intent to Subaward is issued, communication from the Applicant or prospective Applicant is limited to the POC listed above (but see exceptions, below). After the Intent to Subaward is issued, the Applicant may communicate with individuals DHHS has designated as responsible for negotiating the Subaward on behalf of DHHS. No member of the state government, employee of the state, or member of the Evaluation Committee is empowered to make binding statements regarding this RFA. The POC will issue any clarifications or opinions regarding this RFA in writing. Only the POC has the authority modify the RFA, answer questions, or render opinions on behalf of DHHS. Applicants shall not have any communication with or attempt to communicate or influence any Evaluator.

The following exceptions to these restrictions are permitted:

1. The electronic submission of the Application to the address designated **Submission of Applications, Section 3.5.**
2. Contact made pursuant to pre-existing contracts, subawards, or obligations.
3. Contact required by the schedule of events, or an event scheduled later by the RFA POC.
4. Contact required for negotiation and execution of the final subaward.

DHHS reserves the right to reject an Applicant’s application, withdraw an Intent to Subaward, or terminate a Subaward if DHHS determines there has been a violation of these procedures.

3.2. Schedule of Events

ACTIVITY		DATE
1.	Release RFA	January 29 th , 2024
2.	Last day to submit written questions	February 1 st , 2024
3.	State responds to written questions through RFA “Addendum” and/or “Amendment” to be posted to the Internet at: http://dhhs.ne.gov/Pages/Grants-and-Contract-Opportunities.aspx	February 5 th , 2024
4.	Application Review Period Begins (Application due date)	February 26 th , 2024
5.	Evaluation Period	February 27 th , 2024 – March 17 th , 2024
6.	Post “Intent to Subaward” to Internet at: http://dhhs.ne.gov/Pages/Grants-and-Contract-Opportunities.aspx	March 18 th , 2024
7.	Period of Performance Start*	April 1, 2024

**The Period of Performance start may occur before a Subaward is finalized, agreed to, and executed by the parties. Because this is just the period during which costs are allowable, it does not reflect that any agreement between DHHS and any successful Applicant has gone into effect or is binding in any way. No binding agreement has been made between DHHS and any Applicant until a Subaward is fully executed by both parties.*

3.3. Written Questions and Answers

Questions regarding information needed for an application, as well as the meaning or interpretation of any RFA provision, must be submitted in writing to POC via email and clearly marked “RFA Number 6418; Questions.” The POC is not obligated to respond to questions that are received late, as set forth in the Schedule of Events.

Applicants should present, as questions, any assumptions upon which the Application is or might be developed. Applications will be evaluated without consideration of any known or unknown assumptions of an Applicant. The Subaward will not incorporate any known or unknown assumptions of an Applicant.

Questions must be sent via e-mail to **DHHS.Grants@nebraska.gov**. DHHS recommends that Applicants submit questions using the following format:

RFA Section Reference	RFA Page Number	Question

Written answers will be posted at the DHHS Website per the Schedule of Events. Written answers will become part of this RFA.

3.4. Submission of Applications

DHHS is accepting either electronically submitted responses or hard copy, paper responses for this funding opportunity. Applicants must submit a complete Application, including all the parts required herein, in one of two ways:

Electronic Response:

Applicants submitting electronically can upload the response via ShareFile here:

ShareFile link:

<https://nebraska.sharefile.com/r-r913c86d3dab549ae8738dba585913c8a>

Applicants should reference **Attachment 1 End User Guidance: Shared File Link** for more information regarding ShareFile.

The submission shall include the Application as a single Portable Document Format (PDF) or multiple PDFs. Failure to provide the Application in the correct format may result in DHHS being unable to read or open the Application and thus rejecting it without Evaluation.

The applicant should clearly identify the uploaded response files. To assist in identification please use the following naming convention:

RFA6458 ABC Company

If multiple files are submitted for one funding opportunity, add number of files to file names:

RFA6458 ABC Company File 1 of 2

If multiple responses are received, DHHS will retain only the most recently submitted response. It is the applicant’s responsibility to submit the response by the date and time indicated in the Schedule of Events. Electronic responses must be received by DHHS by the date and time of the due date per the Schedule of Events. No late responses will be accepted.

Physical Mailing Response:

Option 1. Submission directly to the POC via United States Postal Service mail. The Application shall be sent to the POC's address listed above in RFA Point of Contact, Section 3.1. The Application itself shall remain sealed and shall not be opened until the beginning of the Application Review Period.

Option 2. Hand delivered responses or responses delivered by FedEx or UPS should be delivered to:

ATTN: Office of Procurement and Grants
 DHHS - 3rd Floor Reception Desk
 301 Centennial Mall South
 Lincoln, NE 68509

The Application itself shall remain sealed and shall not be opened until the beginning of the Application Review Period.

Regardless of submission method, Applicants must use the forms supplied by DHHS in this RFA unless specifically otherwise indicated herein. All Applications must be received by the beginning of the Application Review Period, as stated in the **Schedule of Events, Section 3.2.**

3.5. Form of Application Submission

Applications do not have a limit to the number of pages submitted, the font size or typeface, or margin format. Applications shall be submitted as a single Portable Document Format (PDF) or multiple PDFs. Additional information for each form can be found in Table 1 (below). Required forms are provided by DHHS as part of this RFA and are noted below:

Submission Requirement	Required Content and Limitations	Required form provided by DHHS
Form 1 – Cover Sheet	Completed and signed per Section 4.1	Yes
Form 2 – Organizational overview	See Section 4.2	Yes
Form 3- Applicant's Work Plan	Attachment 2 MUST be included with complete application. See Section 4.3	Yes
Form 4 – Applicant's Budget	Attachment 3 MUST be included with complete application. See Section 4.4.	Yes

Table 1

3.6. Evaluation Committee

Applications are evaluated by members of an Evaluation Committee(s). The Evaluation Committee(s) will consist of individuals selected at the discretion of DHHS. All members of the Evaluation Committee will disclose to DHHS any potential conflicts of interest before evaluation. Members with a conflict will be removed from the Evaluation Committee before scoring.

Any contact, attempted contact, or attempt to influence an evaluator that is involved with this RFA may result in the rejection of this Application and further administrative actions.

3.7. Evaluation of Applications

All complete Applications that are responsive to the RFA will be evaluated. DHHS reserves the right to evaluate Applicants and award funds in a manner utilizing criteria selected at DHHS' discretion and in the best interest of meeting the objectives of the funding involved. The Evaluation will be conducted by the following method:

TOP SCORING METHOD

DHHS will initially evaluate all Applications to determine whether the Applicant is an eligible entity; whether the Application meets the minimum requirements of this RFA; and whether the Applicant poses risk of

noncompliance with federal statutes, regulations, and the terms and conditions of the Subaward, such that DHHS should not award funding. DHHS will award to the top scoring Applicant or Applicants, as DHHS determines and as funding allows. DHHS will conduct a fair, impartial, and comprehensive evaluation of all Applications in accordance with the predetermined criteria based on the Application. The Applicant's responses to the Forms will be scored through a point method set forth below. DHHS will evaluate on the following categories with a maximum point potential for each:

1. **Applicant's Organizational Overview (Form 2).** Applicants will receive high scores if they have a defined and clear organizational structure; organizational experience in federal grants; qualified and capable personnel with experience in federal grants or equivalent credentials or experience; or can otherwise demonstrate that they will be a reliable subrecipient who will use all awarded funds in a manner consistent with law and the requirements of this RFA. **(50 points)**
2. **Applicant's Work Plan (Form 3).** Applicants will receive higher scores if their work plan responds to the Project Description and meets the goals or objectives of the federal funding and RFA, as well as evidencing the ability to meet expected outcomes, adhere to reporting deadlines or other deadlines, and complete any required evaluation activities. DHHS exercises sole discretion as to whether the Application adequately addresses the purposes and objectives of the federal funding DHHS has received. **(100 points)**
3. **Applicant's Budget (Form 4).** Applicants will receive higher scores if the budget is tailored to the work plan and utilizes allowable direct and indirect costs. Total request for funding itself will not determine score; rather, Applicants will be scored based on whether budget accurately reflects allowable costs of completing the work set forth in the work plan. **(25 points)**

There are 175 total points available for Applications under this RFA.

DHHS may award to a single top Applicant, or may award to multiple top scoring Applicants, in its sole discretion. If all Applicants meet the minimum requirements and are meritorious, DHHS may also elect to award to all Applicants.

3.8. Late Applications

Applications received after the time and date of the Application opening will be considered late Applications. Late Applications will be rejected. All Applications must be electronically or physically received by the date and time of the Application Opening. The State is not responsible for Applications that are late or lost regardless of cause or fault. It is the Applicant's responsibility to ensure Applications are received timely.

3.9. Corrections

An Applicant may correct a mistake in an application prior to the time of opening by giving written notice to the POC of intent to withdraw the Application for modification, or to withdraw the Application completely. Changes in an Application after the Evaluation Period has begun are acceptable only if the change is made to correct a minor error. Whether an error is minor shall be determined by DHHS.

3.10. Grievance and Protest Procedures

All grievances must follow the DHHS Subaward Grievance/Protests Procedures, available on the DHHS website. Grievances must be filed timely.

3.11. DHHS Reservations of Authority During Application and Evaluation Process

After Evaluation of the Applications, or at any point in the RFA process, DHHS may take one or more of the following actions:

1. Amend the RFA.
2. Extend the time of or establish a new Application opening time (i.e., allowing additional time to submit Applications).
3. Waive deviations or errors in the RFA process and in Applications that are not material, do not compromise the RFA process or an application, and do not improve an Applicant's position.

4. Accept or reject a portion of or all of an application.
5. Accept or reject all Applications.
6. Withdraw the RFA.
7. Elect to reissue the RFA.

DHHS reserves the right to adjust the Applicant's budget with successful Applicants after the Intent to Subaward is issued. DHHS also reserves the right to adjust the Work Plan with Applicant to meet the requirements of the grant, Federal Funding Agency, law, or to meet DHHS programmatic needs. DHHS also reserve the right to apply additional conditions based on the successful Application and the result of a pre-award risk assessment. If a scoring method is used to rank applications to determine funding amounts, all adjustments shall have no bearing on rank.

If DHHS rejects all Applications, it may enter either reissue an RFA with the same or different specifications and terms, or it may negotiate a single or multiple Subawards with individual Applicants or non-Applicants.

4. APPLICATION INSTRUCTIONS

4.1. Application Contents

A complete, responsive Application must contain the following completed documents:

1. Form 1 – Application Form and Cover Sheet
2. Form 2 – Applicant's Organization Overview
3. Form 3 – Applicant's Work Plan (Attachment 2)
4. Form 4 – Applicant's Budget (Attachment 3)

Applications that do not contain all of the required sections will be rejected. An editable Microsoft Word-formatted document of the Forms will be posted on the DHHS Website, which Applicants may fill in and submit.

4.2. Form 2 -Applicant's Organizational Overview

The Applicant's Organization Overview section shall contain the following information about the Applicant. If the Application is a cooperative or joint venture between two or more entities, all information required in this section shall be provided for all entities, even if a new legal entity has been created or is planned to be created for the purposes of the Subaward.

1. **Organization Information.** Applicant's full legal name, including any other "doing business as" names, or any previous names the organization used. A federal Unique Entity Identifier (UEI) number shall be provided. A parent UEI number shall also be provided, if applicable.
2. **Summary of Federal Grants Experience.** A description of Applicant's previous experience with receiving federal funds. This shall include, but not be limited to, experience receiving federal funds as a recipient or a subrecipient. Applicant should describe and demonstrate knowledge of the Uniform Grant Guidance / HHS Grants Guidance (as applicable), as well as any specific experience with the particular federal program and funding source that funds this RFA.
3. **Summary of Programmatic Experience.** A description of Applicant's experience with the type of programming or work contained in the Project Description, or other relevant work.
4. **Personnel and Management.** Applicant should identify individuals employed by Applicant, on its board of directors, or otherwise affiliated with Applicant, who have a demonstrated knowledge or experience with federal grants, the Uniform Grant Guidance or the HHS Grants Guidance, programmatic experience, or other relevant experience.
5. **Agreements Terminated or Costs Disallowed.** Applicant must provide a summary of any agreements executed within the last five (5) years with federal awarding agencies or pass-through entities (either as grant agreements, cooperative agreements, subawards, or contracts) that:
 - Were terminated for cause; or
 - Where Specific Conditions were placed on Applicant (see 2 CFR § 200.208 or 45 CFR § 75.207).

If an Applicant has been disbarred by the United States Federal government, it is not eligible to receive funding under this RFA.

4.3. Form 3- Applicant's Work Plan (Attachment 2)

Applicants must fill out and submit included work plan application (**Attachment 2- Applicant's Work Plan**). Applicant's Work Plan must address the following:

1. Describe and justify the proposed work plan activities that will be completed under the RFA. Provide details about work plan activity completion timelines. If applicable, describe how youth voice informed the proposed work plan activities. Provide details on the evidence-based, evidence-informed, or science-based education and information that will be delivered during outreach and education activities. For example, state the specific evidence-based curriculum that will be used and/or state the specific reproductive health topics that will be discussed.
2. Show an understanding of the requirements for the project under the applicable federal or state funding source (or both).
3. Describe the program evaluation activities that will be used to collect data for the Performance Measures developed. An Applicant's program evaluation must include a plan to collect data on *the number of adolescents served and the number of adolescents utilizing reproductive health services upon receiving a referral*.

In addition to the detailed narrative, Applicants must complete the fillable "groupings" on the Work Plan Template. Each grouping contains the long-term Y&YA *Goal*, the short-term *Outcome*, multiple *Activities*, and three *Performance Measures* spaces. The Applicant will determine the number of groupings needed to present and organize their proposed Y&YA work. Each grouping must have the same *Goal*, but different *Outcomes*, *Activities*, and *Performance Measures*. The following provides details on each grouping space:

Goal

The *Goal* space on the work plan lists the goal of Y&YA funds to **Decrease STD/STI Prevalence and Incidence Rates among Adolescents**. The goal is automatically filled in and will remain the same for all groupings.

Outcome

In the *Outcome* space, Applicants will insert a short-term outcome that is measurable and expected to be accomplished within the period of performance (April 1st, 2024, to March 31st, 2025). The outcome should be a measurable overarching statement that speaks to the work the Applicant will complete to reach the goal.

Activities

Applicants will insert their planned activities in the *Activities* spaces on the work plan template. Proposed activities must align with the guidance provided in the Project Description and the Applicant's narrative. Activities speak to the work that an Applicant will complete to meet the outcome. The activity spaces **should only** include a brief statement about the activity that will occur, such as updating brochures, developing a social media campaign, or attending three outreach events at a local community college. The detailed narrative provided in the *Work Plan Narrative* space includes the description and justification for the activity. Applicants may insert as many activities needed to support and accomplish the outcome. Each planned activity should be inserted in its own separate activity space and assigned a unique activity number (i.e., 1.1, 1.2, 1.3, etc.).

Performance Measures

For each grouping, three *Performance Measures* must be developed by the Applicant. The Performance Measures selected can be categorized as any of the following:

1. Quantity-This is a measurement of effort and is the most common type of data collected by a program or project. This answers questions about what is being produced and how much was provided. Examples are the number served and demographics, or the number of activities. Specific

examples include:

- The number of outreach events attended.
 - The number of youth and young adults completing a satisfaction survey.
 - The number of education classes facilitated.
 - The number of social media campaigns completed.
 - The number of outreach chlamydia/gonorrhea tests performed.
2. **Quality**- This is a measurement of effort that answers questions about how well the program/activity did in meeting an objective. Examples of measures of quality are motivation, satisfaction, knowledge, and awareness of participants or the target population as well as the accuracy, accessibility, and timeliness of the intervention/activity. Specific examples include:
- The percent of youth and young adults reporting the clinic is “youth-friendly” on a survey.
 - The percent of staff reporting an increase in knowledge after attending a training.
3. **Result**- This is a measurement of effect that answer questions about how well your effort worked for those you are targeting and whether the expected change occurred. Some examples are the number and percent who perform as expected (now and across time) or number and percent reporting a change in behavior. Specific examples include:
- The number of adolescent clinic visits increased by _____% compared to the prior six months.
 - The percent of new adolescent appointments made based on social media or other messaging.
 - Positive chlamydia tests decreased % compared to the number in the six months prior.

Select the type of measure using the drop-down menu by clicking on the downward arrow button next to the phrase “Select Option” for each measure. Performance measures identify if the implementation of the Work Plan is going as predicted and if the subrecipient is on track to meet the outcome. Performance measures are not statements of activity, rather a statement of how a culmination of work plan activities can simply be identified as having reached an expected level of achievement.

4.4. Form 4 – Applicant’s Budget (Attachment 3)

Applicants must complete and submit included budget workbook (**Attachment 3 – Excel Financial Workbook**). See **Attachments Section 2.8** for more information.

Each budget should contain only costs that are allowable under the applicable federal statutes, regulations, terms, and conditions of this RFA. Applicants will not be allowed to change their budgets once submitted to DHHS, unless the POC specifically requests, in writing, budget changes. Budgets may be modified as required by DHHS or in agreement between DHHS and the Applicant after the Intent to Subaward is announced. Applicants should not rely on budget changes or modifications in submitting their proposed budget but should be able to perform the program activities consistent with their budget.

The Budget request shall be clearly aligned with the Work Plan, specifically the cost of Activities. The maximum award for each awardee is \$50,000.00 (fifty thousand and 00/100).

Using the Title V Financial workbook provided, add descriptive (yet brief) line items to identify the nature of the projected expense. Organize line items within budget categories. For personnel costs, use separate budget categories for exclusively salary/wage and benefits. Do not enter personnel costs in other budget categories. Within the personnel category, add separate line items by staff name and position title.

If an Applicant has a cost allocation plan for this subaward, it may be submitted along with the Application.

If Applicants plan to charge indirect costs other than through a cost allocation plan, Applicants thus must provide one of the following along with their budget:

1. A current federally approved indirect cost rate agreement.
2. A currently approved indirect cost rate agreement with DHHS.
3. 3) A calculation of *de minimis* indirect costs consistent with federal rules. DHHS may provide a calculator to aid programs in calculating *de minimis* indirect costs, upon request.

Indirect costs and cost allocation plans may also be negotiated after the Intent to Subaward. As consistent with law, Applicants may voluntarily opt to take a lower indirect rate than their approved agreement, or indirect cost calculation, allows.

5. TERMS

Applicants must be aware of the following terms when submitting their applications. These terms will be included in the resulting Subaward between the parties, as well.

5.1. Addenda

The following Addenda will be incorporated into any Subaward with a selected Applicant. They are available online at the DHHS Website:

- Addendum A – DHHS Standard Terms – Subawards
- Addendum B – DHHS Insurance Requirements – Subawards
- Addendum C – DHHS Business Associate Agreement Provisions

DHHS reserves the right to amend these terms at any time during the RFA; to negotiate the terms with selected Applicants; to amend or change these terms for any subsequent Subaward signed and executed by the parties; or any combination of the above. Terms required by federal, or state law will not be negotiated, and if an Applicant cannot agree to these terms, DHHS may withdraw or modify the Intent to Subaward and take any of the actions set forth herein.

5.2. Budget Changes

The final Subaward may contain terms to allow a Subrecipient to modify a budget, with or without approval from DHHS. Applicants should not, however, rely on this when submitting budgets.

5.3. Direct Costs

Under this Subaward, DHHS shall only pay for actual and allowable costs (as defined in this section) incurred during the Period of Performance.

To be allowable, all costs must be:

- Necessary for the performance of the Subaward activities.
- Reasonable, as provided in 2 CFR § 200.404 or 45 CFR § 75.404.
- Allocable to the federal award, as provided in 2 CFR § 200.405 or 45 CFR § 75.405.
- Consistent with all other requirements of the Cost Principles in 2 CFR § 200 Subpart E or 45 CFR § 75 Subpart E.
- Consistent with all other law, regulation, policy, or other requirements applicable to the state or federal funds involved.

To be actual, all costs must be finalized and spent by the appropriate dates set forth in the Subaward.

Particular Federal Funding Agencies may have additional requirements and stipulations regarding allowable costs under that particular funding.

Applicants should be aware that direct personnel costs must be consistent with 45 CFR § 75.430 or 2 CFR § 200.430, as applicable. These costs must be able to be backed by sufficient documentation or must be shown to be allocable to the award via an alternative, allowable method, such as a random moment time study.

5.4. Indirect Costs

Federal law defines indirect costs as “costs incurred for a common or joint purpose benefitting more than one cost objective, and not readily assignable to the cost objectives specifically benefitted, without effort

disproportionate to the results achieved.” 2 CFR § 200.1 and 45 CFR § 75.2. All indirect costs may only be paid if they are consistent with the UGG or HHS GG, as applicable.

As provided in 2 CFR § 200.414 and 45 CFR § 75.414, indirect costs may only be paid from a federal grant if paid through a federally approved rate or a rate negotiated between DHHS and the Applicant. If the Applicant has never had a federally approved indirect rate, it may charge indirect costs as consistent with the federal rules for *de minimis* indirect costs.

Cost Allocation plans may set forth a direct allocation of all costs under a subaward or may allocate only a portion of those costs along with an indirect rate. Subrecipients may not, however, charge items as direct costs and also as indirect costs.

5.5. Program Income

Any revenue generated by the Subaward is Program Income (see definition in 2 CFR § 200.1 or 45 CFR § 75.2). Program Income requires an accounting of its use and must be handled in accordance with 2 CFR § 200.307 or 45 CFR § 75.307. As per the Notice of Award for the federal funds involved in this RFA or from other regulation, all program income generated by the Subawards awarded as a result of this RFA must be handled under the addition method, please see the regulations cited above for more detail.

6. GLOSSARY OF TERMS

All terms shall have the meaning as set forth in 2 CFR §§ 200 et seq. or 45 CFR §§ 75 et seq. unless otherwise specifically set forth herein.

Agent/Representative: A person authorized to act on behalf of another.

Amend: To alter or change by adding, subtracting, or substituting.

Amendment: A written correction or alteration to a document.

Applicant: Non-Federal Entity that has applied for funding under this RFA.

Application: The written proposal submitted by the Applicant applying for funding under this RFA, which is composed of Forms 1 through 5.

Application Due Date: The date the RFA must be submitted to DHHS, and if not submitted by that time, rejected.

Child/Children: An individual(s) from age 1(one) through 21 (twenty-one) years, who is not a pregnant woman and who is not otherwise included in any other class of individuals.

DHHS Website: www.dhhs.ne.gov.

Evaluation: The process of examining an Applicant after opening to determine the Applicant's responsibility, responsiveness to requirements, and to ascertain other characteristics of the Application that relate to determination of the successful award.

Evaluation Committee: Committee(s) appointed by DHHS that advises and assists DHHS in the evaluation of Applications.

Evaluator: An individual on the Evaluation Committee who advises and assists in the evaluation of Applications.

HHS Grants Guidance ("HHSGG"): The regulations codified at 45 CFR §§ 75 et seq., a re-codified version of the UGG, which provide the general administrative requirements for grant funding flowing down from the federal Department of Health and Human Services. See also Uniform Grant Guidance.

Intent to Subaward: A document noting the results of the RFA evaluation process, and identified any identified Applicant(s) with whom DHHS intends to award federal funds, but not a binding agreement with any promise to award.

Mandatory/Must: Required, compulsory, or obligatory.

May: Discretionary, permitted; used to express possibility.

Must: See Mandatory/Must and Shall/Will/Must.

Non-Responsive: When an application does not meet the minimum requirements of this RFA.

Point of Contact ("POC"): The person designated to receive communications and to communicate.

Pregnant Woman: a female from the time that she conceives to 60 (sixty) days after birth, delivery, or expulsion of the fetus.

Request for Applications (“RFA”): Written solicitation of competitive applications for federal grant funding.

Shall/Will/Must: An order/command; mandatory.

Should: Expected; suggested, but not necessarily mandatory.

Subaward: In addition to the definition in 2 CFR § 200.1 and 45 CFR § 75.2, Subaward means the Grant Agreement executed, pursuant to the terms of the RFA, with the Non-Federal Entity.

Subrecipient: In addition to the definition in 2 CFR § 200.1 and 45 CFR § 75.2, Subrecipient means the Non-Federal Entity that has executed a Subaward with DHHS.

Uniform Grants Guidance (“UGG”): The regulations codified at 2 CFR §§ 200 et seq., which provide the general administrative requirements for grant funding flowing down from the federal government. See also HHS Grants Guidance.

Will: See Shall/Will/Must.

FORM 1 – APPLICATION COVER SHEET

Instructions: This form must be signed and returned, along with the application materials, before the Application Due Date, to the POC or designated email address, as applicable.

RFA #	RELEASE DATE
6418	January 29, 2024
APPLICATION DUE DATE	POINT OF CONTACT
February 26, 2024	Office of Procurement and Grants

CERTIFICATION AND GUARANTEE OF COMPLIANCE
<p>By signing this Application Cover Sheet, the Applicant guarantees compliance with the provisions stated in this Request for Application and certifies that all information contained in this Application is accurate. This Application is submitted pursuant to the terms of the RFA, and if the Applicant is awarded funding, it will be incorporated into the Subaward between the parties. I understand that if anything in this Application conflicts with the RFA or with the subsequent Subaward, the Subaward and RFA shall govern as set forth in the Subaward.</p> <p>ORGANIZATION*: _____</p> <p>ORGANIZATION UEI NUMBER: _____ PARENT UEI (IF APPLICABLE): _____</p> <p>COMPLETE ADDRESS: _____ _____</p> <p>CONGRESSIONAL DISTRICT: _____</p> <p>TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____</p> <p>____ I CERTIFY THAT THIS ORGANIZATION IS AN "ELIGIBLE ORGANIZATION" AS DEFINED BY THIS RFA.</p> <p>____ I CERTIFY THAT THIS ORGANIZATION IS NOT PRESENTLY DEBARRED OR SUSPENDED.</p> <p>SIGNATURE: _____</p> <p>TYPED NAME & TITLE OF SIGNER: _____</p>

*Name must match UEI Number.

FORM 2 – APPLICANT’S ORGANIZATION OVERVIEW

The Applicant’s Organization Overview section shall contain the following information about the Applicant. If the Application is a cooperative or joint venture between two or more entities, all information required in this section shall be provided for all entities, even if a new legal entity has been created or is planned to be created for the purposes of the Subaward.

1. **Organization Information.** Applicant’s full legal name, including any other “doing business as” names, or any previous names the organization used. A federal Unique Entity Identifier or UEI must be provided.
2. **Summary of Federal Grants Experience.** A description of Applicant’s previous experience with receiving federal funds. This shall include, but not be limited to, experience receiving federal funds as a recipient or a subrecipient. Applicant should describe and demonstrate knowledge of the Uniform Grant Guidance / HHS Grants Guidance (as applicable), as well as any specific experience with the particular federal program and funding source that funds this RFA.
3. **Summary of Programmatic Experience.** A description of Applicant’s experience with the type of programming or work contained in the Project Description, or other relevant work. The Applicant should include a discussion of their experience promoting reproductive health/sexual health among youth and young adults, underserved and disproportionately affected groups.
4. **Personnel and Management.** Applicant should identify individuals employed by Applicant, on its board of directors, or otherwise affiliated with Applicant, who have a demonstrated knowledge or experience with federal grants, the Uniform Grant Guidance or the HHS Grants Guidance, programmatic experience, or other relevant experience.
5. **Agreements Terminated or Costs Disallowed.** Applicant must provide a summary of any agreements executed within the last five (5) years with federal awarding agencies or pass-through entities (either as grant agreements, cooperative agreements, subawards, or contracts) that:
 - Were terminated for cause; or
 - Where Specific Conditions were placed on Applicant (see 2 CFR § 200.207 or 45 CFR § 75.207).

If an Applicant has been disbarred by the United States Federal government, it is not eligible to receive funding under this RFA.

FORM 3 – APPLICANT’S WORK PLAN

Instructions: Applicants must fill out and submit included work plan application (**Attachment 2- Applicant’s Work Plan**). See **Attachments Section 2.8** for more information. Applicant’s Work Plan must address the following:

1. Describe and justify the proposed work plan activities that will be completed under the RFA. Provide details about work plan activity completion timelines. If applicable, describe how youth voice informed the proposed work plan activities. Provide details on the evidence-based, evidence-informed, or science-based education and information that will be delivered during outreach and education activities. For example, state the specific evidence-based curriculum that will be used and/or state the specific reproductive health topics that will be discussed.
2. Show an understanding of the requirements for the project under the applicable federal or state funding source (or both).
3. Describe the program evaluation activities that will be used to collect data for the Performance Measures developed. An Applicant’s program evaluation must include a plan to collect data on *the number of adolescents served and the number of adolescents utilizing reproductive health services upon receiving a referral*.

In addition to the detailed narrative, Applicants must complete the fillable “groupings” on the Work Plan Template. Each grouping contains the long-term Y&YA *Goal*, the short-term *Outcome*, multiple *Activities*, and three *Performance Measures* spaces. The Applicant will determine the number of groupings needed to present and organize their proposed Y&YA work. Each grouping must have the same *Goal*, but different *Outcomes*, *Activities*, and *Performance Measures*. The following provides details on each grouping space:

Goal

The *Goal* space on the work plan lists the goal of Y&YA funds to **Decrease STD/STI Prevalence and Incidence Rates among Adolescents**. The goal is automatically filled in and will remain the same for all groupings.

Outcome

In the *Outcome* space, Applicants will insert a short-term outcome that is measurable and expected to be accomplished within the period of performance (April 1st, 2024, to March 31st, 2025). The outcome should be a measurable overarching statement that speaks to the work the Applicant will complete to reach the goal.

Activities

Applicants will insert their planned activities in the *Activities* spaces on the work plan template. Proposed activities must align with the guidance provided in the Project Description and the Applicant’s narrative. Activities speak to the work that an Applicant will complete to meet the outcome. The activity spaces **should only** include a brief statement about the activity that will occur, such as updating brochures, developing a social media campaign, or attending three outreach events at a local community college. The detailed narrative provided in the *Work Plan Narrative* space includes the description and justification for the activity. Applicants may insert as many activities needed to support and accomplish the outcome. Each planned activity should be inserted in its own separate activity space and assigned a unique activity number (i.e., 1.1, 1.2, 1.3, etc.).

Performance Measures

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1. Quantity-This is a measurement of effort and is the most common type of data collected by a program or project. This answers questions about what is being produced and how much was provided. Examples are the number served and demographics, or the number of activities. Specific examples include:
 - The number of outreach events attended.

- The number of youth and young adults completing a satisfaction survey.
 - The number of education classes facilitated.
 - The number of social media campaigns completed.
 - The number of outreach chlamydia/gonorrhea tests performed.
2. Quality- This is a measurement of effort that answers questions about how well the program/activity did in meeting an objective. Examples of measures of quality are motivation, satisfaction, knowledge, and awareness of participants or the target population as well as the accuracy, accessibility, and timeliness of the intervention/activity. Specific examples include:
- The percent of youth and young adults reporting the clinic is “youth-friendly” on a survey.
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3. Result- This is a measurement of effect that answer questions about how well your effort worked for those you are targeting and whether the expected change occurred. Some examples are the number and percent who perform as expected (now and across time) or number and percent reporting a change in behavior. Specific examples include:
- The number of adolescent clinic visits increased by _____% compared to the prior six months.
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Select the type of measure using the drop-down menu by clicking on the downward arrow button next to the phrase “Select Option” for each measure. Performance measures identify if the implementation of the Work Plan is going as predicted and if the subrecipient is on track to meet the outcome. Performance measures are not statements of activity, rather a statement of how a culmination of work plan activities can simply be identified as having reached an expected level of achievement.

FORM 4 – APPLICANT’S BUDGET

Instructions: Applicants must complete and submit included budget workbook (**Attachment 3 – Excel Financial Workbook**). See **Attachments Section 2.8** for more information.

Each budget should contain only costs that are allowable under the applicable federal statutes, regulations, terms, and conditions of this RFA. Applicants will not be allowed to change their budgets once submitted to DHHS, unless the POC specifically requests, in writing, budget changes. Budgets may be modified as required by DHHS or in agreement between DHHS and the Applicant after the Intent to Subaward is announced. Applicants should not rely on budget changes or modifications in submitting their proposed budget but should be able to perform the program activities consistent with their budget.

The Budget request shall be clearly aligned with the Work Plan, specifically the cost of Activities. The maximum award for each awardee is \$50,000.00 (fifty thousand and 00/100).

Using the Title V Financial workbook provided, add descriptive (yet brief) line items to identify the nature of the projected expense. Organize line items within budget categories. For personnel costs, use separate budget categories for exclusively salary/wage and benefits. Do not enter personnel costs in other budget categories. Within the personnel category, add separate line items by staff name and position title.

If an Applicant has a cost allocation plan for this subaward, it may be submitted along with the Application.

If Applicants plan to charge indirect costs other than through a cost allocation plan, Applicants thus must provide one of the following along with their budget:

1. A current federally approved indirect cost rate agreement.
2. A currently approved indirect cost rate agreement with DHHS.
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