# APPLICATION

## Application Checklist

The following items must be included in the application and assembled in the following order:

1. \_\_ **Cover Letter**
2. \_\_ **Application Face Sheet**
3. \_\_ **Applicant’s Response Form**
4. \_\_ **Project Budget**

Include a budget in the format provided.

Indirect costs are allowed.

1. **\_\_ Attachment A:** Memorandum of Agreement
2. **\_\_ Attachment B:** Agency Information
3. \_\_ **Federally Negotiated** **Indirect Cost Rate Approval Letter** (if applicable)

*IRS Documentation:*

1. \_\_ **IRS Letter Documenting Your Organization’s Tax Identification Number** (public agencies)

or

\_\_ **IRS Determination Letter Regarding Your Organization’s 501(c)(3) Tax‑exempt Status** (private non-profits)

and

1. \_\_ **Verification of 501(c)(3) Status Form** (private non-profits)

## Cover Letter

**Page Limit:**

Not Applicable, use template provided

**Total Point Value:**

4

The application must include a cover letter, on agency letterhead, signed and dated by an individual authorized to legally bind the Applicant. The cover letter must include the contact information on the template. The cover letter must also indicate a clear understanding of and strong commitment to replicating the proposed pregnancy prevention program model.

Include in the cover letter:

* the legal name of the Applicant agency
* the RFA number
* the Applicant agency’s federal tax identification number
* the Applicant agency’s Unique Entity Identifier (UEI)
* the closing date for applications

(This Must be Printed on Agency Letterhead)

Date

Dear Juanella Tyler,

Describe your agency’s mission, background and current services. How does implementing the proposed pregnancy prevention model fit within your agency? Describe your commitment to comprehensive sexual health education, adolescent health, academic achievement, positive youth development, parental involvement, and community engagement.

Provide description of your commitment to the proposed pregnancy prevention program model, the proposed training requirements, and implementing one of the included evidence-based program models (FLASH, 3Rs, TOP).

If applicable, describe any other funding sources your agency is pursuing to implement a teen pregnancy prevention program. Please include your agency’s capacity to implement more than one teen pregnancy prevention program.

Executive Director:

Phone #: Email:

Provide the person who knows and understands the program and program plan written in the RFA. This person may be contacted any time during the RFA process by PREP staff or a reviewer related to the RFA.

Name:

Phone #: Email:

Are you a current or former (within the last 5 years) NC TPPI grantee?

☐ Yes ☐ No

If “yes” please complete the following, for each program if applicable.

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Name** | **Last Completed Funding Year** | **Proposed # of**  **Participants Served** | **Actual # of**  **Participants Reached threshold or largest caseload at one time for APP** |
| Adolescent Parenting Program |  | 15-20 |  |
| Adolescent Pregnancy Prevention Program |  |  |  |
| PREPare for Success |  |  |  |
| Project REACH |  |  |  |

## Application Face Sheet

This form provides basic information about the applicant and the proposed project with ***PREPare for Success*,** including the signature of the individual authorized to sign “official documents” for the agency. This form is the application’s cover page. Signature affirms that the facts contained in the applicant’s response to **RFA #A405** are truthful and that the applicant is in compliance with the assurances and certifications that follow this form and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Legal Name of Agency: 2. Name of individual with Signature Authority: | | | | | | |
| 1. Mailing Address (include zip code+4): 2. Address to which checks will be mailed: | | | | | | |
| 1. Street Address: | | | | | | |
| 1. Contract Administrator:   Name:  Title: | | | | | Telephone Number:  Fax Number:  Email Address | |
| 1. Agency Status (check all that apply): | | | | | | |
| 🞏 Public |  | 🞏 Private Non-Profit |  | 🞏 Local Health Department | | |
| 1. Agency Federal Tax ID Number: | | | | | | 1. Agency UEI: |
| 1. Agency’s URL (website): | | | | | | |
| 1. Agency’s Financial Reporting Year: | | | | | | |
| 1. Current Service Delivery Areas (county(ies) and communities): | | | | | | |
| 1. Proposed Area(s) To Be Served with Funding (county(ies) and communities): | | | | | | |
| 1. Amount of Funding Requested | | | | | | |
| 1. Projected Expenditures: Does applicant’s state and/or federal expenditures exceed $500,000 for applicant’s current fiscal year (excluding amount requested in #14) Yes 🞏 No 🞏 | | | | | | |
| The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in NC DHHS/DPH Assurances Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. The governing body of the applicant has duly authorized this document and I am authorized to represent the applicant. | | | | | | |
| 1. Signature of Authorized Representative: | | | | | | 1. Date |

## Applicant’s Response

**Section 1**

**Community Description**

*Do not delete the question headers.*

Please provide your response to each question under the heading.

**Total Point Value:**

30

**Page Limit:**

6 single-spaced

All data that you would like for reviewers to evaluate must be included in this section and not added to the appendices. Sources should be noted throughout the community description.

* 1. **Define and describe the specific community or communities that will be served. (2 points)**
  2. **Describe the youth serving resources in this community. Describes the gaps and/or unmet needs in this community. (6 points)**
  3. **Equity is important in improving youth health outcomes. Describe how your agency strives to achieve greater equity. (6 points)**
  4. **Provide a detailed description of the youth who will be served by this grant. Describe the setting in which services will be provided. Who will be served? (6 points)**

1. **The estimated number of youth;**
2. **The setting in which they will be served (i.e., school, afterschool community center, etc.); and**
3. **Why these youth were prioritized to participate in this program.**

* 1. **Describe the intended impact of your program (How will youth participating in this program benefit?). (5 points)**
  2. **Describe how the proposed program aligns with and is a good fit for the population served. (5 points)**

**Section 2**

**Program Plan**

*Do not delete the question headers*.

*Please provide your response to each question under the heading.*

**Total Point Value:**

30

**Page Limit:**

7 single-spaced

**2-1. Describe how you will involve community members in vetting the curriculum model and adult preparation subject education resources? What criteria will you use to determine appropriateness and best fit? (6 points)**

* 1. **Describe your plan to attract and engage youth. (6 points)**
  2. **Describe your plan for securing the support from your implementation partner(s) for program implementation, evaluation, consent forms, and participant demographic data collection. (8 points)**

**a. Program Implementation (meeting fidelity and attendance requirements)**

**b. Evaluation (PREP Entry and Exit Surveys and Participant Satisfaction Surveys)**

**c. Consent Form Collection**

**d. Participant Demographic Data Collection**

**2-4. Describe how you will provide participants’ parents/guardians with education around adolescent sexual health and how to communicate with their youth. (6 points)**

**2-5.** **Using the chart below; list all the staff positions, including the amount of time to be spent on the program. Briefly describe each role’s responsibility in the project. (4 points)**

|  |  |  |
| --- | --- | --- |
| **Position** | **FTE** | **Brief Description of Role** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Section 3**

**Agency Readiness**

*Do not delete the question headers.*

Please provide your response to each question under the heading.

**Total Point Value:**

31

**Page Limit:**

5 single-spaced

1. **Describe any past collaborations your agency had with community partners. (4 points)**
   1. **How do you propose to draw upon diverse perspectives from the community that the proposed work will serve? (6 points)**
   2. **Describe your plan to recruit community partners (adolescent members, parents, businesses, youth-serving organizations, etc.) that will serve on your Community Advisory Council. (6 points)**
   3. **How will you develop and maintain relationships with the community partners from which you plan to recruit youth? (5 points)**
   4. **Describe how your agency has elevated the voices of the community, including youth, in identifying and addressing community needs. (5 points)**
   5. **List examples of how you will engage adolescent community members in identifying a community health initiative. (5 points)**

## Project Budget

**Section 4**

**Budget**

**Total Point Value:**

5

**Page Limit:**

Not Applicable

Insert Budget & Justification Form

Applicants must complete the *Budget and Justification Form* for Year 1 (6/1/2023 through 5/31/2024).

Applicant must ensure that worksheet cells are expanded to expose the full narrative justification. This budget and justification can be downloaded from <http://www.teenpregnancy.ncdhhs.gov/funding> beginning September 28, 2022.

## Attachment A

**Attachment A**

**Memoranda of Agreement**

This attachment must include MOAs from each implementation site. The MOA should include a description of the partner agency’s protocols and procedures in working with their youth. Each MOA should specify what the agency will contribute to the program.

## Attachment B

**Attachment B**

**Agency Information**

This attachment must include each of the following:

* Organizational chart of the applying agency.
* List of current Board of Directors of the applying agency.

## Federal Negotiated Indirect Cost Rate Approval Letter (if applicable)

## IRS Letter

***Public Agencies:***

Provide a copy of a letter from the IRS which documents your organization’s tax identification number. The organization’s name and address on the letter must match your current organization’s name and address.

***Private Non-profits:***

Provide a copy of an IRS determination letter which states that your organization has been granted exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. The organization’s name and address on the letter must match your current organization’s name and address.

This IRS determination letter can also satisfy the documentation requirement of your organization’s tax identification number.

## Verification of 501(c)(3) Status Form

**IRS Tax Exemption Verification Form (Annual)**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby state that I am \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of   
 (Printed Name) (Title)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Organization”), and by that authority duly given  
 (Legal Name of Organization)

and as the act and deed of the Organization, state that the Organization’s status continues to be designated as 501(c)(3) pursuant to U.S. Internal Revenue Code, and the documentation on file with the North Carolina Department of Health and Human Services is current and accurate.

I understand that the penalty for perjury is a Class F Felony in North Carolina pursuant to N.C. Gen. Stat. § 14-209, and that other state laws, including N.C. Gen. Stat. § 143C-10-1, and federal laws may also apply for making perjured and/or false statements or misrepresentations.

I declare under penalty of perjury that the foregoing is true and correct. Executed on this the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_.

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

(Signature)